

Date Correction Plan Due 11/13/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center John M Kohler Arts Center Preschool	Provider Number / Facility ID Number 3000577923 / 001 - 420674
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Address - Facility (Street, City, State, Zip Code) 608 New York Ave Sheboygan WI 53081	Telephone Number 920-458-6144	Date - Regulation Visit 10/30/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Based upon record review a child enrolled in care did not have a child health report within their file.	<i>Parents notified repeatedly. Form is expected in a couple weeks.</i>	<i>Received Nov. 13 2024</i>	
2	251.05(2)(a)2. Staff Record - Completed Background Check Description: Based upon record review, two staff members counted in staff to child ratio did not have documentation from the department, either paper or electronic, that indicates a child care background check was completed in compliance with the timelines and requirements specified in s. 48.686, Stats., and ch DCF 13 and the person is eligible to work in a child care program.	<i>Background checks & Fingerprints are complete for the staff as of Oct. 31, 2024</i>	<i>Oct. 31 2024</i>	

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3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Based upon record review, a staff member did not have physical examination on file within 30 days of starting employment.	staff has an appointment with doctor.	NOV 6 2024	
4	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Based upon record review, a staff member did not have documentation of completion of the Abusive Head Trauma training prior to working with children under the age of 5 Repeat violation: Previously cited on 11/1/2023	staff will complete the training within two weeks	NOV 13 2024	
5	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Based upon record review, three staff members on premise did not have documentation of a current Cardiopulmonary Resuscitation Training within their files.	CPR Training for new staff and continuing staff is scheduled.	NOV. 15 2024	
6	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Based upon record review, a staff member did not have current documentation of Child Abuse and Neglect biennial training. Repeat violation: Previously cited on 11/1/2023	staff completed training online.	NOV. 3 2024	

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NAME - Agency Worker
Amanda Holz

Date Issued
10/30/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

13 NOV 2024