

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**Date Correction Plan Due**  
11/21/2025

**TO FILE A COMPLAINT CALL**  
920-785-7811

**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		Provider Number / Facility ID Number
Our Saviour Lutheran Preschool		0000578680 / 001 - 420313
<b>Address - Facility (Street, City, State, Zip Code)</b> 120 S Henry St Green Bay WI 543023405		<b>Telephone Number</b> 920-468-3596
<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>		<b>Correction Plan</b>
1	251.04(8)(a) <b>Mandated Reporting - Child Abuse &amp; Neglect</b>  Description: Staff member A on the staff record checklist failed to complete the required biennial mandated reporter training.	Staff member will take the required class.  3/1/2026
2	251.05(2)(a)7. <b>Staff Record - Continuing Education</b>  Description: Staff member A on the staff record checklist failed to complete the required 15 hours of continuing education in 2024.	Staff member will add their 2024 continuing education to their form.  3/1/2026
		<b>Expected Completion Date</b>
		<b>Verification Date</b>
		<b>Date - Regulation Visit</b> 10/14/2025

**NAME - Agency Worker**  
Gina Linssen, Dao Xiong

Date Issued  
11/7/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Gina Linssen*

Date Signed

2-16-2026