Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/1/2026		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
The Shepherd's Kids Preschool	5000588285 / 001 - 2002042

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1846 Parkfield Ct Suamico WI 541737938	920-434-4899	9/17/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(3)(a)2. **Indoor Equipment - Construction, Condition** Description: Based on observation on 9/17/26, in the 4k C room, there was magnetic tile toys not in good condition with cracks. Corrected during visit.	Moving forward, we will have the teachers periodically examine the materials for chips or breaks and replace them.	9/17/26	
2	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: Based on record review on 9/17/26, two medications in the 4k B room failed to have start and end dates on the medication authorization form.	We have formed a policy that ensures that any medication kept at the school, has a written beginning date along with an expiration date for the medication.	10/1/26	

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
The Shepherd's Kids Preschool	5000588285 / 001 - 2002042

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1846 Parkfield Ct Suamico WI 541737938	920-434-4899	9/17/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(f)5. **Medication Administration - As Labeled & Authorized** Description: Based on observation on 9/17/26, two medications in the 4k B room was expired.	The medication was sent home today and we will track future medications better.	9/17/26	

NAME - Agency Worker
Dao Xiong

Date Issued
9/17/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9-17-26