DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/9/2027		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
New Frontiers Preschool	1000588921 / 001 - 2002961

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
350 Double Tree Ln Grafton WI 530249699	262-662-6088	7/27/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(4)(c)1. **Continuing Education Requirement - Full Time Staff** Description: Based on records review, staff member A only had 10.5 hours of continuing education on file for the 2025 training year. The requirement is a minimum of 15 hours of continuing education per year.	Hours were calculated incorrectly for staff member A. Tracking of continuing education hours was assigned to a new administrator on 9/4/2026. The correct process was explained and a new system was created to ensure that each staff member completes required hours annually. Staff member A is no longer employed at New Frontiers.	09/04/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	251.07(2)(e)2. **Prohibited Actions - Verbal** Description: The center self reported that on 7-14-26, a worker used prohibited actions when making derogatory remarks toward two 3-year old children and one of the children's parents. When two 3- year old children were crying, the staff member said to them " Are you a baby?, do you want to go to the Caterpillar Room (infants room)? The same staff member stated to another staff that they can't stand a child's parents. When a 3 year old child would not line up with the group, the same staff member became upset and said to the child, "Well bye", closed the door and left the child with the other teacher.	The center reported to CPS, terminated the worker's employment, and communicated to the children's parents on 7/14/2026. All staff were emailed a "Positive Child Guidance" document on 7/21/2026, which outlines appropriate behavior management and positive guidance techniques, prohibited actions, positive behavioral interventions & supports, appropriate behavior expectations, transitions, wait time, taking a "break", & bucket fillers. Upon reading this document, staff met with the Director to review & diswss what they read, reflect on current practices, and receive support, if needed. Staff signed off after reading the dowment.	9/08/2026	

NAME - Agency Worker
Gloribel Tegen

Date Issued
8/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Holly M. Lemay

Date Signed
09/04/2026