Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/26/2026		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	
New Frontiers Preschool		1000588921 / 001 - 2002961	
Address - Facility (Street, City, State, Zip Code) 350 Double Tree Ln Grafton WI 530249699	**Telephone Number** 262-662-6088	**Date - Regulation Visit** 9/9/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.a. **Child Record - Physical Exam - Under 2** Description: Based on records review, the health exam for child #1 expired in June 18, 2026.	Family was notified on 5/15/26 of upcoming report due. Shortly after, the family went out of the country for over a month. Requested the form upon return, but it was not received. The child's last day in attendance was 9/3/26. Notice to withdraw enrollment from family on 10/1/2026.	9/3/2026	
2	251.06(11)(b)5. **Outdoor Play Space - Energy-Absorbing Surfaces** Description: Based on observation, on September 9, 2026, the fall area under the dome climber had less than 9 inches of mulch.	mulch was immediately ordered, received and filled by 9/17/26.	9/17/2026	

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3	251.06(11)(bm)2. **Outdoor Play Equipment - Developmental Level, Size** Description: Based on staff interviews and on play equipment age specifications, on September 3, 2026, a 1.5 year old child fell while they were walking across a toy roller coaster intended for children 2 to 5 years. The fall resulted on a right spiral femur fracture.	Roller coaster ramp was available for children over 2 years to use. The roller coaster ramp was removed from the outdoor space on 9/4/26. A sign was created and will be posted listing age specifications for each piece of outdoor equipment.	9/4/2026	
4	251.06(2)(a) **Potential Source Of Harm On Premises** Description: Based on observation, on September 9, 2026, in the younger children's playground, there was a hole in the ground measuring approximately 6 inches wide x 4 inches deep. The provider corrected this during the licensing visit on September 9, 2026.	The hole was immediately filled upon observation.	9/9/2026	
5	251.07(6)(dm)3.b. **Medical Log - Injury In Care** Description: Based on records review, the center failed to record in the Medical Log Book an injury that occurred to a child on September 3, 2026, which required medical attention. The provider corrected this during the licensing visit on September 9, 2026.	The injury was recorded immediately upon discovery of the missing Med Log entry.	9/9/2026	

NAME - Agency Worker
Gloribel Tegen

Date Issued
10/12/2026

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

Date Signed
10/26/2026