Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/9/2026		262-446-7800

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
Right At School- Marcy Elementary	5000589265 / 016 - 2009707

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
W180n4851 Marcy Rd Menomonee Fls WI 530516515	262-233-3158	10/26/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. **Child Record - Health History** Description: The health history on file for Child #2 was incomplete; the child was identified as having a condition. However, the second page of the health history that details signs, symptoms, triggers, steps childcare provider should follow, etc. was blank.	Review every child file to audit for accurate information and complete files. Upon completion of audit, follow-up to obtain any missing information	11/8/26	
2	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Staff I was present at the time of the licensing visit but was not signed in.	Upon staff arrival each staff in ratio will sign in immediately on the name TO face.	10/26/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Staff H and I did not have training on abusive head trauma. Training is required for staff who provide care and supervision to children 5 years old and younger.	Staff will complete training by 11/6/26	11/6/26	
4	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff H and I did not have current child abuse and neglect training. Training is required within 1 week of beginning work and at least every 2 years thereafter.	Staff will complete training by 11/7/26	11/7/26	
5	251.06(3)(b)2. **Emergencies - Practice Written Plans** Description: A tornado drill was not documented for September as required.	A district schedule for all required drills will be sent out to Program Managers to ensure continuity for future drills.	11/1/26	
6	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: A child's medication authorization did not include the dates for the length of the authorization.	Parent will complete authorization correctly to include dates & length of au	11/2/26	

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NAME - Agency Worker
Katrina Tarantino, Dena Laufenberg

Date Issued
10/26/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Katy Flevss

Date Signed
10/27/26