

Date Correction Plan Due
3/27/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
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)(f) 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

Community Preschool Whitefish Bay

5000577895 / 001 - 220121

Address - Facility (Street, City, State, Zip Code)
5655 N Lake Dr Whitefish Bay WI 53217

Telephone Number
414-961-0432

Date - Regulation Visit
3/6/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.06(2)(a) Potential Source Of Harm On Premises Description: There were cords that were loose and within reach of children on the air purifier which could cause them to be pulled over. There also was a sharp piece of metal that was supposed to be secured to a gutter on the outside brick wall of the building in the playground area. It was no longer secured and dangling. It could cause a child to get injured and should be secured or removed.	the cords have been securely taped to wall where they cannot be pulled. the sharp piece of metal has been re-moved.	3/6/24 3/16/24	
2 251.07(6)(f)3. Medication - Storage Description: The medications were in a container that was an unlocked cabinet that was low enough if a child was to stand on lower shelf/step would be able to access it.	The medications have been moved to a bin on the top shelf of cabinet.	3/6/24	

Name - Certified Operator / Licensed Center

Community Preschool Whitefish Bay

Provider Number / Facility ID Number
5000577896 / 001 - 220121

Address - Facility (Street, City, State, Zip Code)
5655 N Lake Dr Whitefish Bay WI 53217

Telephone Number
414-961-0432

Date - Regulation Visit
3/6/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker

Allison Nyren

Date Issued
3/13/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Allison Nyren

Date Signed

3/17/24