

**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)(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. 48.667. 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, 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**

Deborah T Washington Lrng Ctr LLC

6000587126 / 001 - 2000023

**Address - Facility (Street, City, State, Zip Code)**  
3002 W Silver Spring Dr Milwaukee WI 532094109

**Telephone Number**  
414-461-1700

**Date - Regulation Visit**  
12/4/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(dm)3.c <b>Medical Log - Medication Administration</b> Description: Per a review of the medical log book in the Infant classroom a time was not recorded for the administration of an ear drop medication on 6/28/23.	STAFF WERE REMINDED TO ADD TIMES WHEN logging INCIDENTS,	12/5/2024	
2	251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b> Description: There is no documentation in the medical log books in the infant and two year old classroom demonstrating the required 6 months reviews were completed. The most recent documented reviews in each book are dated 4/21/23.	REVIEW OF Medical log Books WAS updated AT THE TIME OF VISIT	12/5/2024	

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NAME - Agency Worker  
Maureen Slatten, Sara Cooney

Date Issued  
12/5/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed  
12/5/2024

DD-F-F-CFS0294-E (R.06/2011)

PAGE 2/2 RECD 12/5/2024 4:20:17 PM [Central Standard Time] PRD 082265423