

Date Correction Plan Due 11/6/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Christ The Life Luth Preschool		Provider Number / Facility ID Number 1000561161 / 001 - 1009967		
Address - Facility (Street, City, State, Zip Code) 3031 Summit Ave Waukesha WI 531882660		Telephone Number 262-547-7315	Date - Regulation Visit 10/15/2024	
	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 are several loose cords hanging from the wall accessible to children. Loose cords are a strangulation hazard.	Cords were immediately taped up so they were not hanging down and accessible to children.	10/15/2024	
2	251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: There was no documentation of a fire drill or tornado drill for the month of September.	We have done two fire and tornado drills in the month of October. From here moving forward, we will do our drills on the fourth Wednesday or Thursday of each month.	10/24/2024	

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3	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log book has not been reviewed in the last 6 months. It was last reviewed on 3/21/23.	Medical Logs have been reviewed and notes have been made on the office calendar to review medical logs every six months (in October and April).	10/15/2024

NAME - Agency Worker
Sara Cooney, Daniel Noel

Date Issued
10/23/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Julie C. Bushne

10/24/24