

Date Correction Plan Due 10/14/2025	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 Children's Workshop		Provider Number / Facility ID Number 4000563624 / 002 - 1002680		
Address - Facility (Street, City, State, Zip Code) 1717 N 73Rd St Wauwatosa WI 53213		Telephone Number 414-258-6559	Date - Regulation Visit 9/29/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff file reviewed did not have CAN training completed within the two year biennial period as required	<i>Staff member reminded and provided w/ website.</i>	<i>10/3/2025</i>	
2	251.06(2)(o) Windows & Doors Used For Ventilation Description: Screens were open in the classroom	<i>Screens will be checked every morning before school. Teacher in each classroom will be responsible for checking and making sure they are closed.</i>	<i>Daily checks began 10/1/2025</i>	

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3	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: On six month review of medical log conducted and documented	Review reminder set up so staff reviews log in December and May. Coordinator will monitor for completion 2x a year.		9/30/2025 for missed review.	

NAME - Agency Worker Paul Spink	Date Issued 9/30/2025
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SIGNATURE - Certified Operator or Designee / licensee or Designee 	Date Signed 10/1/2025
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