

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
262-446-7800

**Date Correction Plan Due** 12/30/2024

**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, 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		
Children's Community Center		6000557956 / 001 - 220056		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
N88w17550 Christman Rd Menomonee Falls WI 530512630		262-251-1212	12/3/2024	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(4)(a)2.c. <b>Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication</b>  Description: Staff A did not report a head injury to child A to the parents or director after an incident. The director immediately reported the injury to parents upon knowing about the injury	<i>Staff A terminated on 12/4/2024.</i>	12/5/2024	12/5/2024
2	251.055(1)(a) <b>Supervision Of Children</b>  Description: Staff A did not supervise children. Staff A did not see a child hit another child with a toy which caused an injury.	<i>Staff A terminated on 12/4/2024.</i>	12/5/2024	12/5/2024

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<b>Telephone Number</b> 262-251-1212		<b>Expected Completion Date</b>	
<b>Correction Plan</b>		<b>Verification Date</b>	
<b>Rule/Statute Number</b> Noncompliance Statement			

**NAME - Agency Worker**  
Allison Nyren

**Date Issued**  
12/11/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Sue Johnson*  
12/12/2024

**Date Signed**