| | | | | |
|---|---|---|---|---|
| 30 | 251.09(1)(c)<br>**Infant & Toddler - Documenting Changes In Development**<br><br>Description: The Intake for Child Under Two Years forms were not updated within the last three months for Child 3 and 4. | Intake forms only need to be updated by discussion with the parents. Which we do daily during drop off and pick up.<br><br>Going forward, even though not a rule, we will make sure intake forms are updated by staff initial. And the update date is on the classroom whiteboard. | 10.1.2025 | |
| 31 | 251.09(4)(a)3.<br>**Infant & Toddler - Diaper Changing Surface Disinfection**<br><br>Description: Per staff interview and observation, the disinfectant product is not being used per the labeled instructions. | The director and staff have re-viewed the bleach label and the Director purchased more changing pads to swap out pads to allow for faster changing wait times.<br><br>Disinfecting instructions were made and are posted by changing tables.<br><br>4 additional changing pads were order from amazon and delivered on November 7th. | 10.29.2025<br><br>11.3.2025<br><br>11.7.2025 | |
| 32 | 251.09(4)(a)5.<br>**Infant & Toddler - Soiled Diapers Disposal**<br><br>Description: Diapers were disposed of in the bathroom of the Three's Classroom and the garbage container did not contain a lid.<br><br>Repeat violation: Previously cited on 11/7/2023 | The center will keep new garbage bins on site to replace broken ones immediately.<br><br>New garbage bins were purchased. | 9.8.2025 | |

| **Name - Certified Operator / Licensed Center** | | **Provider Number / Facility ID Number** | |
|---|---|---|---|
| Grace Lutheran Child Care Center | | 9000 66039 / 002 - 1001552 | |
| **Address - Facility (Street, City, State, Zip Code)**<br>11266 State Highway 10 W Marshfield WI 54449 | **Telephone Number**<br>715-676-2213 | **Date - Regulation Visit**<br>9/5/2025 | |

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

**NAME** - Agency Worker
Heather Struck, Bonnie Davis

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

Date Issued
10/21/2025

Date Signed
12/15/2025