

Date Correction Plan Due 4/13/2026	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. 48.657. 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		Provider Number / Facility ID Number		
Wa Community Child Care Llc		1000588441 / 001 - 2002184		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
6682 W Greenfield Ave 105 Suite 105 West Allis WI 532144960		414-918-9010	3/18/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(4)(a)2.c. Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication Description: Parent was not immediately notified of a head injury to a child which caused a bruise to the eye area. Parent was informed approximately 2 hours later.	- Moving forward families will be updated immediately if a head injury occurs - message sent to step as a reminder 3/24/26 - Admin will review at staff meeting on 4/9/26	3/24/26	
2	251.04(6)(a)6. Child Record - Health History Description: Child #5 and child # 6 have incomplete health history forms. Child #5 has a listed medical concern but there is no information on the second page of the form. Child #6's form does not list triggers and signs for medical condition.	- During updates on health history forms. Admin will review forms to ensure all areas are filled in based on the child's medical condition - forms update	3/19/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Wa Community Child Care Llc		1000588441 / 001 - 2002184		
Address - Facility (Street, City, State, Zip Code) 6682 W Greenfield Ave 105 Suite 105 West Allis WI 532144960		Telephone Number 414-918-9010	Date - Regulation Visit 3/18/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(2)(a) Potential Source Of Harm On Premises Description: There are hanging blind cords and loose Christmas lights sitting on the floor in the school age room. Loose cords are a strangulation hazard.	- Blind cords have been cut to avoid strings to be hanging long enough as a hazard. - Christmas lights removed	3/21/24	
4	251.07(5)(a)6. Menus - Changes Description: Changes were not made to the menu on 3/17/26. Corn and mixed fruit was served but the menu says carrots and apples were served. Menu's just say vegetable and fruit and does not specify which vegetable or fruit.	- Kitchen staff will make updates to the menu if the food program provides any items not listed. - All notations to vegetable or fruits will be updated on the menu to reflect actual item served	3/19/24	
5	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: An Epi-pen on the premises for an enrolled child is expired.	- medication will be sent home prior to expiration & new medication will be requested to be as the replacement	3/23/24	

Name - Certified Operator / Licensed Center Wa Community Child Care Llc		Provider Number / Facility ID Number 1000588441 / 001 - 2002184	
Address - Facility (Street, City, State, Zip Code) 6682 W Greenfield Ave 105 Suite 105 West Allis WI 532144960		Telephone Number 414-918-9010	Date - Regulation Visit 3/18/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
6	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: An Epi-Pen on premises for enrolled child does not have a current medication authorization form.	Medication forms will be updated based on the time frame of the medications on hand	3/23/26
7	251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: Several bottles did not have dates on the them. One bottle was not labeled with a child's name.	Infant bottles that do not arrived labeled by the parents with a date and name, teachers will apply at dropoff. Bottles update at visit	3/20/26

NAME - Agency Worker
Sara Cooney, Kristin Lange

Date Issued
3/30/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



4/3/26