

Date Correction Plan Due 4/3/2025	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		Provider Number / Facility ID Number	
Wctc Child Development Ctr And Lab		1000558901 / 002 - 1015715	
Address - Facility (Street, City, State, Zip Code) 800 Main St Pewaukee WI 530724601		Telephone Number 262-691-5220	Date - Regulation Visit 3/11/2025
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A and Staff E do not have a physical on file and have been employed for more than 30 days. Repeat violation: Previously cited on 11/17/2023	Staff E's file has been updated with Staff Health Report dated 9.16.2024. Staff A will have examination completed in the month of April and will update	May 1, 2025
2	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff E who works with children under the age of five does not have documentation of training in Abusive Head Trauma.	Staff E completed Health, Safety, & Nutrition in October 2024. File has been updated with transcript for record. Per DCF Handbook- "The credit course "Health, Safety and Nutrition" taken from a Wisconsin Technical College after January 1, 2006 will also meet this requirement"	March 31, 2025

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800 Main St Pewaukee WI 530724601		262-691-5220	3/11/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	
Verification Date				
3	<p>251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff E does not have documentation of infant/child CPR/AED and has been employed for more than 3 months. Repeat violation: Previously cited on 6/19/2024, 11/17/2023</p>	Staff E will not be eligible to work until documentation has been provided that CPR training has been successfully completed.	April 30, 2025	
4	<p>251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff E does not have documentation of training in Child Abuse and Neglect. Repeat violation: Previously cited on 6/19/2024, 11/17/2023</p>	Staff E has completed Child Abuse and Neglect Training as of 3/31/2025. File updated with supporting documentation.	March 31, 2025	
5	<p>251.07(6)(dm)2. Medical Log - Pages & Entries Description: Pages in one of the two books reviewed are not completely numbered. The book is only numbered to page 18. Repeat violation: Previously cited on 11/17/2023</p>	All pages in the medical log have been numbered.	March 31, 2025	

NAME - Agency Worker
 Sara Cooney, Kristin Keck

Date Issued
 3/20/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

3/31/2025