

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
12/22/2025

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
12/21/2025

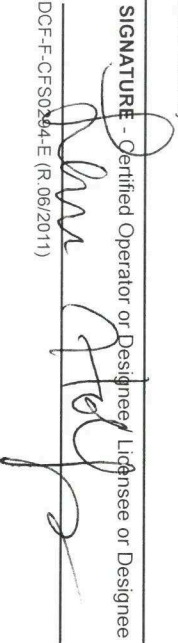
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(dm)2 Medical Log - Pages & Entries Description: One of the medical log books reviewed, the pages are not completely numbered and a page ripped out at the back of the book Repeat violation: Previously cited on 3/11/2025	New medical log purchased and all pages numbered. Staff reminded not to tear pages from med log. If accidental tear happens, notify director to replace.	12/5/2025	
2 251.07(6)(f)6. Current Authorizations For Medications On Premises Description: There is an inhaler on premises for a child without a current medication authorization form.	Classroom staff received updated medical authorization form from family on 12/2.	12/21/2025	

NAME - Agency Worker
Sara Cooney

Date Issued
12/8/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



12-8-2025