

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
5/13/2024

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**

Wauwatosa Dc And Lrng Ctr - Trinity Woods 0000591210 / 001 - 2006374

Address - Facility (Street, City, State, Zip Code) **Telephone Number**

3010 N Menomonee River Pkwy Milwaukee WI 53222 414-625-9938

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.06(11)(bm)1. Outdoor Play Equipment - Intended Use</p> <p>Description: A child under the age of 2 received a head injury after tipping over on a trike and bumping their head. According to the manufacturer's recommendation, children under the age of 2 should not use the equipment.</p>	<p>All no pedal toddler trikes were removed from the playground and All remaining equipment was double checked.</p>	<p>4/29/24</p>	
<p>2 251.06(11)(bm)2. Outdoor Play Equipment - Developmental Level, Size</p> <p>Description: A child was injured on equipment that was not scaled to the developmental level, size, and ability of the child.</p>	<p>All no pedal toddler trikes were removed from the playground.</p>	<p>4/29/24</p>	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Mauwatosia Dc And Lrng Ctr - Trinity Woods

0000591210 / 001 - 2006374

Address - Facility (Street, City, State, Zip Code)
3010 N Menomonee River Pkwy Milwaukee WI 53222

Telephone Number
414-625-9938

Date - Regulation Visit
4/29/2024

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

NAME - Agency Worker
Katrina Tarantino

Date Issued
4/29/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
4/29/24