

Date Correction Plan Due 9/10/2025	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 252.4(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
Wauwatosa Dc And Lrng Ctr - Trinity Woods
Provider Number / Facility ID Number
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
8/20/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.d. Child Record - Health Exam Report Description: Child #4, under the age of 2, did not have an updated health report on file. The report on file was dated 9/17/24. Repeat violation: Previously cited on 7/24/2024	Parents Notified Again. Recieved Updated Dne 8/22/25	8/22/25	
2	251.04(6)(b) Current, Accurate Daily Attendance Record Description: There were 12 children present in the Toddler 2 room but only 10 children signed in on the attendance form.	Staff Member was talked to and was fixed in the moment.	8/20/25	

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3 251.06(10)(f) Bathroom Supplies Description: There was no paper towel available in the bathroom of the Toddler 2 room.	Was changed 8/20/25 Staff reminded to let office know when out right away.	8/20/25	
4 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A medication authorization form in the Toddler 1 room did not have medication intervals and length of the authorization included.	Form was fixed with director and parent. 8/22/25	8/22/25	
5 251.07(6)(f)6. Current Authorizations For Medications On Premises Description: There was an expired medication in the Toddler 1 Room, and an authorization form with an end date of 3/5/25.	Medication was removed and given to family.	8/20/25	
6 251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: There were intake under 2 forms observed that did not have updates documented within the past 3 months. Repeat violation: Previously cited on 2/10/2025, 7/24/2024	Created Color Code - Intake form Reminder for Teachers. Teacher meetings as well. All intake forms updated.	8/25/25	

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NAME - Agency Worker
Katrina Tarantino

Date Issued
8/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Carmelle Baldi

Date Signed
8/28/2025