

Date Correction Plan Due
7/8/2025

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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center: St Franck Children's Center
Provider Number / Facility ID Number: 7000560387 / 001 - 220452

Address - Facility (Street, City, State, Zip Code): 6700 N Port Washington Rd Glendale WI 532173919
Telephone Number: 414-351-0450
Date - Regulation Visit: 6/17/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff A does not have documentation of having had training in Abusive Head Trauma Prevention.	staff took the training again through a WI Resisting accudiated site	7/7/25	
2 251.05(4)(e) Staff Orientation - Develop, Implement, Document Description: The orientation on file for Staff A is not for a group child care, it was for a family child care.	A group child form was printed. Orientation was completed again. Staff member and trainer signed the new orientation checklist	6/25/25	

Name - Certified Operator / Licensed Center

St Francis Children's Center

Provider Number / Facility ID Number

7000560387 / 001 - 220452

Address - Facility (Street, City, State, Zip Code)
6700 N Port Washington Rd Glendale WI 532173919

Telephone Number
414-351-0450

Date - Regulation Visit
6/17/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(2)(i) Deteriorating Paint Description: There is a small amount of flaking/deteriorating paint on several doors located in the outdoor play area accessible to children.	The door was Scrapped, sanded and painted.	Completed on 6/20/25	
4 251.07(6)(am)2. Medical Log - Pages & Entries Description: There are several skipped lines in a medical log book.	Lines were drawn through empty lines; teachers were talked to about not skipping lines	Completed 7/7/25	
5 251.07(6)(am)3.b. Medical Log - Injury In Care Description: Injuries received by a child while in the care of the center are not being entered in the medical log book on the date of the injury. The medical log book shows that an injury that occurred on 6/10/25 was not entered until 6/11/25. An injury that occurred on 6/12/25 was not entered until 6/16/25 and two injuries that occurred on 6/13/25 were not entered until 6/17/25. Also there are three incident reports one dated 6/13/25 and two dated 6/16/25 that have not been entered into the medical log book.	teacher were talked to about writing the information in the log book first before on the parents sheet and to do so with in a timely matter; missed entries were logged	Completed 6/20/25	

Name - Certified Operator / Licensed Center
St Francis Children's Center

Provider Number / Facility ID Number
7000560387 / 001 - 220452

Address - Facility (Street, City, State, Zip Code)
6700 N Port Washington Rd Glendale WI 532173919

Telephone Number
414-351-0450

Date - Regulation Visit
6/17/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6 251.07(6)(f)6. Current Authorizations For Medications On Premises Description: There is no current medication authorization form on file for a child with an Epi-Pen. There is no medication authorization form on file for a bottle of Tylenol.	A new medication authorization was given to parents to fill out	completed 6/25/25	

NAME - Agency Worker
Sara Cooney, Kristin Lange

Date Issued
6/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

7/7/25