

Date Correction Plan Due 1/21/2026	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.

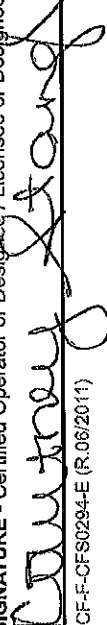
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
St Luke's Child Life Ministries		1000560401 / 001 - 2250555
Address - Facility (Street, City, State, Zip Code) 300 Carroll St Waukesha WI 53186		Telephone Number 262-522-6738
Date - Regulation Visit 1/6/2026		Date - Regulation Visit 1/6/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
<p>1 251.07(6)(dm)4. Medical Log - Reviewing Injury Records</p> <p>Description: The center failed to review records of injuries with staff every 6 months to ensure that all possible preventative measures were taken when documentation of the center's last review of the medical log books was 11/18/24 and 6/18/25.</p>	<p>Assistant Director will follow up & add it to her calendar.</p>	<p>1/16/26</p>
<p>2 251.09(1)(c) Infant & Toddler - Documenting Changes In Development</p> <p>Description: The center failed to document changes in children's development and routines every three months in the the Tiny Turtle classroom.</p>	<p>Lead teacher will have all parents update intakes, then implement a calendar for updates every 3 months.</p>	<p>1/16/26</p>
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Name - Certified Operator / Licensed Center St Luke's Child Life Ministries 1000560401 / 001 - 225055		Provider Number / Facility ID Number 1000560401 / 001 - 225055	
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Telephone Number 262-522-6738		Expected Completion Date	
Rule/Statute Number Noncompliance Statement		Verification Date	
Correction Plan			

Date Issued
1/7/2026

NAME - Agency Worker
Tiisha Harrell, Sharece Devougas

Date Signed
1/8/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

 SCF-F-CFS0294-E (R.06/2011)