

Date Correction Plan Due 1/14/2025	<h2 style="margin: 0;">NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</h2>	TO FILE A COMPLAINT CALL 262-448-7800
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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)(f) 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	
Carpenters Shop Christian Day Care		2000563552 / 001 - 220752	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
819 E Silver Spring Dr Whitefish Bay WI 53217		414-431-0306	9/11/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(3)(a) Report - Incident Or Accident Description: The center was informed on 9/3/2024 that a child was taken to the hospital as a result of a suspected incident that occurred at a center. The center failed to report the professional medical evaluation.	director contacted parents to gather paperwork in regards to doctors paperwork - emailed to State Licensor 9/12/24	9-12-24
2	251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair Description: A ceiling tile in Room 18 was observed with water damage. A ceiling tile in Room 22 was observed with a hole in the tile. Repeat violation: Previously cited on 1/31/2024	Room 18- tile was replaced 9/20/24 Room 22- hole was covered on 9/12/24	9/25/24



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Silver Spring Dr Whitefish Bay WI 53217

Telephone Number
414-431-0306

Date - Regulation Visit
9/11/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected	Verification
			Completion Date	Date
3	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Per review of children's file and conversation with staff parental medication authorization is not on file for diaper cream use.	All families asked to fill out new med forms for diaper cream application	9/30/24	
4	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Diaper creams were observed on site in multiple classrooms without a current authorization. Repeat violation: Previously cited on 6/6/2023	- All families asked to fill out new medication forms in regards to diaper cream application	9/30/24	
5	251.09(4)(a)10. Infant & Toddler - Diapering Lotions, Powders, Salves Description: Diaper cream was applied to children without the specific written direction of the child's parent or the child's physician.	Director spoke with all teachers - - had all families fill out med forms for diaper cream;	9/30/24	
6	251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection Description: Children's diapers were changed while the child was standing and not on an easily cleanable surface.	- Teachers informed no longer change while standing - made accommodations in bathrooms to change children laying down	9/15/24	



Infant Day Care

Address (Street, City, State, Zip Code)
Silver Spring Dr Whitefish Bay WI 53217

Provider Number / Facility ID Number

2000563552 / 001 - 220752

Rule/Statute Number Noncompliance Statement	Telephone Number 414-431-0308	Date - Regulation Viol 9/11/2024	
	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Crescenta Sabree

Date Issued
12/30/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Monica Bessette

Date Signed
1-2-25