

Date Correction Plan Due 7/30/2025	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 252.41(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
Park's Edge Preschool Inc		0000563900 / 001 - 1001035
Address - Facility (Street, City, State, Zip Code) 10627 W Forest Home Ave Hales Corners WI 531302058		Telephone Number 414-427-9561
Rule/Statute Number	Noncompliance Statement	Correction Plan
1 251.04(4)(a)3. Parent Notification - Minor Injury Description: On 06/27/25, a child injured their finger while playing with a nerf football. The child went to a teacher and said that their finger hurt. This was not communicated to the child's parent.		When child came to the teacher, the teacher checked on the child and made sure the child could bend their finger and no visible mark was on the child. The child continued to play. As soon as the injury was reported, I notified licensing. Staff were mentored to document in medical log book when a child reports an injury and to report to the parent.
2 251.07(6)(dm)3.b. Medical Log - Injury In Care Description: On 06/27/25, a child injured their finger which later resulted in professional medical treatment. The child went to a teacher and said that their finger hurt. This was not documented in the medical log book until 07/01/25.		7/7/25

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Address - Facility (Street, City, State, Zip Code) 10627 W Forest Home Ave Hales Corners WI 531302058		Telephone Number 414-427-9561	Date - Regulation Visit 7/7/2025
Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date
			Verification Date

Date Issued
7/15/2025

Date Signed
7/24/25

NAME - Agency Worker
 Daniel Noel, Kristin Lange

SIGNATURE - Certified Operator or Designee / Licensee or Designee

