

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
1/22/2026

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 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

Date - Regulation Visit
1/7/2026

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

1

251.04(3)(b)
Report - Damage To Premises

Description: A tree fell outside of the outdoor play space field, damaging a section of fencing which makes up the outdoor play space enclosure. This was not reported to the Department within 24 hours after the occurrence.

Self reported at time of visit. Will notify within 24 hrs if another situation occurs.
Fencing company was notified immediately.

1/7/24
(notified)
on-going
will notify
if it happens
again.

2

251.04(6)(a)8.b.
Child Record - Physical Exam - Over 2, Under 5

Description: Child 3 does not have documentation of an initial health examination within 3 months after Child 3 was admitted to the center.


Repeat violation: Previously cited on 6/11/2025

All office staff were retrained on health report due dates and making sure to notify parents prior to the due date.

1/15/24

Name - Certified Operator / Licensed Center Park's Edge Preschool Inc		Provider Number / Facility ID Number 0000563900 / 001 - 1001035	
Address - Facility (Street, City, State, Zip Code) 10627 W Forest Home Ave Hales Corners WI 531302058		Telephone Number 414-427-9561	Date - Regulation Visit 1/7/2026
Rule/Statute Number 3	Noncompliance Statement Current Authorizations For Medications On Premises Description: Insulin was being stored in the refrigerator in the shining stars classroom. The child who uses this medication no longer attends the center. Repeat violation: Previously cited on 6/11/2025	Correction Plan Insulin was removed from the classroom refrigerator lookbox at time of visit.	Expected Completion Date 1/7/2026
			Verification Date

NAME - Agency Worker
 Daniel Noel, Kristin Lange

SIGNATURE - Certified Operator or Designee / Licensee or Designee


Date Issued
 1/7/2026

Date Signed
 1/15/2026