

Date Correction Plan Due 8/17/2026	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 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 7/30/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
	Verification Date		
1	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: The thermometer in the Shining Stars freezer measured at 10 degrees during licensing visit (must be maintained at zero degrees or lower in the freezer).	New thermometer was placed in the freezer on day of visit	7/30/26
2	251.07(6)(dm)2. Medical Log - Pages & Entries Description: The medical log books in the Dragonfly room had lines that were skipped/left blank between entries. Repeat violation: Previously cited on 6/11/2025	Staff were mentored on crossing out pages when a page is skipped. message sent to all staff on day of visit.	7/30/26

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3	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log books in the Frog and Big Snakes room have not been reviewed in the past six months.	Medical logbooks will be reviewed during staff meeting moving forward. Review was made immediately.	7/30/26 on-going
4	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: One Under 2 Intake form in the Love Bugs room has not been updated in the past three months.	Staff will be updating intake forms at the start of staff meetings to ensure we are maintaining intake forms at least every 3 months.	7/30/26 on-going
5	251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection Description: A diaper changing pad was observed with several tears/rips making the surface not easily cleanable.	Form was corrected day of visit. New diaper changing pad was purchased.	8/14/26

NAME - Agency Worker
Laura Taylor

Date Issued
8/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

8/10/26