

<b>Date Correction Plan Due</b> 6/30/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Mother Of Good Counsel Extended Care Program		<b>Provider Number / Facility ID Number</b> 8000585168 / 001 - 2001249		
<b>Address - Facility (Street, City, State, Zip Code)</b> 3001 N 68Th St Milwaukee WI 532101252		<b>Telephone Number</b> 414-442-7600	<b>Date - Regulation Visit</b> 5/28/2026	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)2. <b>Child Record - Emergency Medical Consent</b>  Description: Child 1 did not have documentation on file of consent from the parent for emergency medical care.	<i>Director will obtain proper consent from parent and place in child's file.</i>	8/25/26	
2	251.04(6)(a)6. <b>Child Record - Health History</b>  Description: Child 1 did not have documentation of health history on file when the health history and emergency care plan form was not available for review.  Repeat violation: Previously cited on 9/17/2025	<i>Director will obtain and file health history form upon receipt from parent/guardian.</i>	8/25/26	

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3	251.06(2)(b) <b>Electrical Or Hot Surface Protection</b>  Description: An unprotected electrical panel was accessible to children near the stage area.	<i>Director will meet with maintenance Director about the panel and strategize possible solutions. Panel will be covered temporarily until resolved.</i>	<i>7/15/26</i>
4	251.06(3)(b)2. <b>Emergencies - Practice Written Plans</b>  Description: A tornado drill was not documented as being practiced in April 2026.  Repeat violation: Previously cited on 1/14/2026	<i>Director will write in the date of the drill for April.</i>	<i>6/15/26</i>

NAME - Agency Worker  
Cindy Matuszak

Date Issued  
6/16/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Kristen M. Wolf*

Date Signed

*6/28/26*