

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
262-446-7800

Date Correction Plan Due  
2/5/2026

**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  
Chi Franciscan Villa  
Provider Number / Facility ID Number  
3000589463 / 001 - 2003844  
Address - Facility (Street, City, State, Zip Code)  
3601 S Chicago Ave S Milwaukee WI 531723708  
Telephone Number  
414-570-5442  
Date - Regulation Visit  
1/27/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)6. Child Record - Health History Description: Health history information on file for Child 2 was incomplete. Repeat violation: Previously cited on 4/3/2025, 2/14/2024	Parent will fill out all information on the form	1-27-2026	1-27-2026
2 251.04(6)(b) Current, Accurate Daily Attendance Record Description: One school age child was not signed out on the attendance form after leaving for school.	Stable voices be sure all children are signed out when they are taken to school	1-27-2026	1-27-2026

Name - Certified Operator / Licensed Center Chi Franciscan Villa		Provider Number / Facility ID Number 3000589463 / 001 - 2003644	
Address - Facility (Street, City, State, Zip Code) 3601 S Chicago Ave S Milwaukee WI 531723708		Telephone Number 414-570-5442	Date - Regulation Visit 1/27/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.07(6)(f)6. Current Authorizations For Medications On Premises  Description: No medical authorization form available for review for an epi pen that was on premise for a child enrolled.	Mom will supply Epi-pen when she get the new one. Her daughter only comes on some odd school days. Mom only gave me the new care plan. She will bring new Epi-pen when her daughter attends during Spring Break 3/30/26 - 4/3/2026	3-31-2026
			Verification Date 1-27-2026

NAME - Agency Worker  
Mindi Sabajak, Rhonda Brueggemann

Date Issued  
1/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*[Signature]*

Date Signed  
2-9-2026