

<b>Date Correction Plan Due</b> 5/13/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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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> Matc-Mequon Campus Children's Cntr		<b>Provider Number / Facility ID Number</b> 9000557359 / 002 - 225163		
<b>Address - Facility (Street, City, State, Zip Code)</b> 5555 W Highland Rd Mequon WI 53092		<b>Telephone Number</b> 262-238-2456	<b>Date - Regulation Visit</b> 4/22/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Based on records review, staff member B did not have the required biennial Child abuse and Neglect Prevention Training information on file.	<i>Renewal training completed</i>	<i>4/30/25</i>	
2	251.06(7)(b) <b>Indoor Space - Storage</b>  Description: The bathroom in the large motor room was being used for storage of cleaning supplies, toys and other items.	<i>Toys removed Bathroom was <sup>NOT</sup> being used - Toddler Rm.</i>	<i>4/30/25</i>	

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3	251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: In the Early Preschool room , there was an expired authorization form for an Epi Pen. There was also an authorization form for Zyrtec that needed to be updated.	Parent has updated med forms	5/1/25	

**NAME - Agency Worker**  
Gloribel Tegen

**Date Issued**  
4/29/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*M. Ruska*

**Date Signed**

5/1/25