

Date Correction Plan Due 12/12/2025	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 Matc Oak Creek Campus Childrens Ctr		Provider Number / Facility ID Number 9000557359 / 003 - 225109		
Address - Facility (Street, City, State, Zip Code) 6665 S Howell Ave Oak Creek WI 53154		Telephone Number 414-571-4690	Date - Regulation Visit 11/14/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. Child Record - Health History Description: Allergies were identified for child 5; no additional information was documented on the second page of the health history and emergency care plan form.	Allergy listed was <u>not</u> an allergy. Mom's primary language is not English and she did not understand. Form should have been reviewed and updated earlier. It has been corrected.	Nov 15, 2025	
2	251.07(5)(a)10. Sharing Information About Food & Other Allergies Description: Child 5's allergy information was not shared with staff.	See above. Allergy listed is NOT an allergy. Miscommunication. All other allergies have been shared with staff.	Nov 15 2025	

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3	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: The authorization for a medication in the preschool room was expired.	Form has been updated. Medications/forms will be checked regularly.	Nov 15 2025

NAME - Agency Worker
Cindy Matuszak

Date Issued
11/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

MRusha

12/1/2025