Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/28/2026		262-446-7800

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		Provider Number / Facility ID Number	
Children's Community Center		6000557956 / 001 - 220056	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
N88w17550 Christman Rd Menomonee Fls WI 530512630	262-251-1212	10/12/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Staff hours were not accurate in two classrooms when staff who were in the rooms earlier in the day had not signed out. Repeat violation: Previously cited on 3/31/2026	At the staff mtg on Oct. 20th, we told the staff to help each other out, by signing someone out if they forgot.	Oct. 30, 2026	
2	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: A medication authorization for an inhaler did not include the timeframe for the authorization.	We had a staff mtg on Oct. 20th where we reviewed the procedure for filling out a medication authorization form. The Admin Team also went room to room checking everyone's medicine boxes and having the staff make the necessary changes.	Oct. 20, 2026	

We also talked about putting a note on the door frame, to remind yourself to sign out. On Thursday, Oct. 22, the staff scheduler added a section to the bottom of each roster for the teachers to sign out. She also highlighted it yellow, so it stood out.

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.09(3)(a)2. **Infant & Toddler - Food & Formula Brought From Home** Description: A package of breastmilk in an infant room did not have the child's name written on it.	-The teachers will ask the parents to label the breastmilk with the child's name and date. -Before putting the breastmilk in the fridge the teachers will make sure the child's name and date is on it.	Oct. 30, 2026	

NAME - Agency Worker
Cindy Matuszak

Date Issued
10/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Becky Gaynor

Date Signed
10/25/26