

<b>Date Correction Plan Due</b> 6/15/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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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> Milw College Prep - North Ave		<b>Provider Number / Facility ID Number</b> 1000588581 / 003 - 2101017		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1350 W North Ave Milwaukee WI 532051257		<b>Telephone Number</b> 414-264-6007	<b>Date - Regulation Visit</b> 5/5/2026	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)6. <b>Child Record - Health History</b>  Description: Child 1 and Child 2 have incomplete health history forms. The health history does not list triggers, signs/symptoms, steps to follow, when to call parent or when to consider emergency medical treatment.  Repeat violation: Previously cited on 5/20/2025	Parents were notified & completed the health history form completely	5/11/26	
2	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Staff A does not have documentation of Abusive Head Trauma.	Filed correctly & added to staff's file	5/5/26	

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3	<p>251.06(2)(a) <b>Potential Source Of Harm On Premises</b></p> <p>Description: One of the classrooms has loose cords from a TV accessible to children.</p>	wrapped cord up and behind TV and addressed the issue with the staff member	5/5/26	
4	<p>251.06(3)(b)2. <b>Emergencies - Practice Written Plans</b></p> <p>Description: There was no tornado drill conducted in September 2025, October 2025, and April 2026. There is no fire drill conducted in December 2025, January 2026.</p> <p>Repeat violation: Previously cited on 5/20/2025, 5/29/2024</p>	MCP3 will conduct Fire & Tornado Drills independently of MCP	Ongoing	
5	<p>251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b></p> <p>Description: An authorization for an inhaler does not have a start and end time.</p> <p>An authorization for Ibuprofen is expired, it expired on 3/1/26.</p>	Parent completed the authorization to administer medication form to include dates. Ibuprofen was sent home with with parent.	5/7/26	

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6	251.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b>  Description: An inhaler for an enrolled child is not in the original container.  Repeat violation: Previously cited on 5/20/2025	Parent informed to send in original box for inhaler. Mom does not have the box & is not due for a refill.	Will ensure all medications are in original box for the 26-27 school year.

**NAME** - Agency Worker  
Sara Cooney, Kristin Lange

Date Issued  
6/1/2026

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

Date Signed