Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/12/2025		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
The Nurturing Nook Glendale		9000591579 / 001 - 2006779
Address - Facility (Street, City, State, Zip Code) 4425 N Port Washington Rd Glendale WI 532121082	**Telephone Number** 414-961-1482	**Date - Regulation Visit** 8/13/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Child 5 did not have documentation of immunizations on file.	Center requested immunization records from parents. Parents provided records.	8/13/25	
2	251.07(6)(f)6. **Current Authorizations For Medications On Premises** Description: A medication in the Rising Stars room did not have a current authorization when the authorization was expired.	Asked parent to update authorization to match expiration of medicine.	9/2/25	

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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 bottle in the Penguin room was not labeled with the child's name and dated. Repeat violation: Previously cited on 3/28/2024	Relabeled bottle and reviewed labeling policy with both teachers and families.	8/13/25	

NAME - Agency Worker
Cindy Matuszak

Date Issued
8/29/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Donna Srilecki

Date Signed
9-2-25