

|                                              |                                                    |                                                 |
|----------------------------------------------|----------------------------------------------------|-------------------------------------------------|
| <b>Date Correction Plan Due</b><br>6/11/2026 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>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.

|                                                                                               |                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                              |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|------------------------------|
| <b>Name - Certified Operator / Licensed Center</b><br>Penfield Children's Center Inc          |                                                                                                                                                                                                                          | <b>Provider Number / Facility ID Number</b><br>3000563963 / 001 - 220399                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                              |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>833 N 26Th St Milwaukee WI 53233 |                                                                                                                                                                                                                          | <b>Telephone Number</b><br>414-345-6325                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>Date - Regulation Visit</b><br>5/28/2026 |                              |
|                                                                                               | <b>Rule/Statute Number<br/>Noncompliance Statement</b>                                                                                                                                                                   | <b>Correction Plan</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>Expected<br/>Completion Date</b>         | <b>Verification<br/>Date</b> |
| 1                                                                                             | 251.04(6)(a)1.<br><b>Child Record - Enrollment Information</b><br><br>Description: There was missing information on the child enrollment form for Child 1 & 4.                                                           | Missing information on the enrollment forms for Child 1 and Child 4 has been identified and completed by contacting the parents/guardians and obtaining the required details.<br><br>All enrollment forms will be reviewed at the time of submission to ensure completeness before the child's first day of attendance.<br><br>A checklist will be implemented for staff to verify that all required fields are completed, including signatures and emergency contact information.<br><br>The Director or designee will conduct monthly audits of child records to ensure ongoing compliance. | 6/30/2026                                   |                              |
| 2                                                                                             | 251.04(6)(a)6.<br><b>Child Record - Health History</b><br><br>Description: There was missing information on the child health history form for Child 2 & there was no documentation of a health history form for Child 5. | The missing health history information for Child 2 has been obtained, and a completed health history form has been secured for Child 5.<br><br>Going forward, no child will be admitted without a completed health history form on file.<br><br>Staff will cross-check enrollment and health forms at intake using a standardized checklist.<br><br>Quarterly audits will be conducted to ensure all required health documentation is current and complete.                                                                                                                                   | 6/30/2026                                   |                              |

| Name - Certified Operator / Licensed Center        |                                                                                                                                                                                                                                                                                  | Provider Number / Facility ID Number                                                                                                                                                                                                                                                              |                          |                   |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------|
| Penfield Children's Center Inc                     |                                                                                                                                                                                                                                                                                  | 3000563963 / 001 - 220399                                                                                                                                                                                                                                                                         |                          |                   |
| Address - Facility (Street, City, State, Zip Code) |                                                                                                                                                                                                                                                                                  | Telephone Number                                                                                                                                                                                                                                                                                  | Date - Regulation Visit  |                   |
| 833 N 26Th St Milwaukee WI 53233                   |                                                                                                                                                                                                                                                                                  | 414-345-6325                                                                                                                                                                                                                                                                                      | 5/28/2026                |                   |
|                                                    | Rule/Statute Number<br>Noncompliance Statement                                                                                                                                                                                                                                   | Correction Plan                                                                                                                                                                                                                                                                                   | Expected Completion Date | Verification Date |
| 3                                                  | <p>251.05(3)(c)<br/><b>Cardiopulmonary Resuscitation Training</b></p> <p>Description: Staff A, C and D have completed the online portion of the CPR/First Aid Training, but the in-person portion remains unfinished.</p> <p>Repeat violation: Previously cited on 9/16/2024</p> | <p>Staff have completed the online portion and are scheduled to complete the in-person CPR/First Aid training. Moving forward, both components will be required prior to expiration to continue independent work. Training records will be tracked and reviewed monthly to ensure compliance.</p> | 7/6/2026                 |                   |
| 4                                                  | <p>251.07(4)(e)<br/><b>Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness</b></p> <p>Description: The cots in the Purple Room were not maintained in a sanitary condition as they were not covered.</p>                                                            | <p>Staff will cover cots with sheet to prevent unsanitary elements going into contact with cots.</p> <p>Staff will wash sheets used to cover cots and cot sheets daily to remain sanitary.</p>                                                                                                    | 6/30/2026                |                   |
| 5                                                  | <p>251.07(6)(dm)3.c<br/><b>Medical Log - Medication Administration</b></p> <p>Description: The medical log book was not utilized for recording medication administration.</p>                                                                                                    | Registered Nurse Supervisor will update Medication Administration Policy to include documenting all medication administration in medical log book.                                                                                                                                                | 6/30/2026                |                   |
| 6                                                  | <p>251.07(6)(dm)4.<br/><b>Medical Log - Reviewing Injury Records</b></p> <p>Description: The medical log book in the Emerald Room has not been reviewed in the past six months.</p> <p>Repeat violation: Previously cited on 9/16/2024</p>                                       | Health Services Assistant will assume responsibility of reviewing all Medical Log Books every 6 months.                                                                                                                                                                                           | 6/30/2026                |                   |

| Name - Certified Operator / Licensed Center        |                                                                                                                                                                                                                                                                                  | Provider Number / Facility ID Number                                                                                                                                                                                    |                             |                      |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------------|
| Penfield Children's Center Inc                     |                                                                                                                                                                                                                                                                                  | 3000563963 / 001 - 220399                                                                                                                                                                                               |                             |                      |
| Address - Facility (Street, City, State, Zip Code) |                                                                                                                                                                                                                                                                                  | Telephone Number                                                                                                                                                                                                        | Date - Regulation Visit     |                      |
| 833 N 26Th St Milwaukee WI 53233                   |                                                                                                                                                                                                                                                                                  | 414-345-6325                                                                                                                                                                                                            | 5/28/2026                   |                      |
|                                                    | Rule/Statute Number<br>Noncompliance Statement                                                                                                                                                                                                                                   | Correction Plan                                                                                                                                                                                                         | Expected<br>Completion Date | Verification<br>Date |
| 7                                                  | 251.07(6)(f)1.a.<br><b>Medication Administration - Parent Authorization</b><br><br>Description: An authorization form in the Emerald Room was not dated with a start or end time.                                                                                                | Health Services Team including Registered Nurse and Certified Nursing Assistant will review all Medication Administration Authorization forms at enrollment and every 3 months to ensure there is a start and end time. | 6/30/2026                   |                      |
| 8                                                  | 251.07(6)(f)1.b.<br><b>Medication Administration - Containers &amp; Labeling</b><br><br>Description: There was a bottle of medication in the Pink Room that was not labeled with a name. (Nexium)                                                                                | Staff reeducated via staff meeting on 6/3/2026 process for labeling medications. RN will audit medications weekly to ensure medication is labeled with name.                                                            | 6/30/2026                   |                      |
| 9                                                  | 251.09(1)(c)<br><b>Infant &amp; Toddler - Documenting Changes In Development</b><br><br>Description: The under two intake form for one child in the Emerald room has not been updated in the past 3 months.<br><br>Repeat violation: Previously cited on 10/21/2025, 9/16/2024   | Staff reeducated via staff meeting on 6/3/2026 of cadence for updating Child Under 2 Intake form.<br><br>Audits will be done on child's files every 3 months to ensure updates are performed at prescribed times.       | 6/30/2026                   |                      |
| 10                                                 | 251.09(3)(a)2.<br><b>Infant &amp; Toddler - Food &amp; Formula Brought From Home</b><br><br>Description: A container of food in the Pink room refrigerator was not labeled with the child's name or the preparation date.<br><br>Repeat violation: Previously cited on 9/16/2024 | Staff reeducated via staff meeting on 6/3/2026 of procedure for labeling child's food.<br><br>Weekly room audits will be conducted to assess food labeling in classrooms.                                               | 6/30/2026                   |                      |

|                                                                                               |                                                        |                                                                          |                                             |                              |
|-----------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------|------------------------------|
| <b>Name - Certified Operator / Licensed Center</b><br>Penfield Children's Center Inc          |                                                        | <b>Provider Number / Facility ID Number</b><br>3000563963 / 001 - 220399 |                                             |                              |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>833 N 26Th St Milwaukee WI 53233 |                                                        | <b>Telephone Number</b><br>414-345-6325                                  | <b>Date - Regulation Visit</b><br>5/28/2026 |                              |
|                                                                                               | <b>Rule/Statute Number<br/>Noncompliance Statement</b> | <b>Correction Plan</b>                                                   | <b>Expected<br/>Completion Date</b>         | <b>Verification<br/>Date</b> |
|                                                                                               |                                                        |                                                                          |                                             |                              |

|                                                                                                 |                                 |
|-------------------------------------------------------------------------------------------------|---------------------------------|
| <b>NAME</b> - Agency Worker<br>Rhonda Brueggemann, Katrina Tarantino                            | <b>Date Issued</b><br>5/29/2026 |
| <b>SIGNATURE</b> - Certified Operator or Designee / Licensee or Designee<br><i>Mark Stevens</i> | <b>Date Signed</b><br>6/3/2026  |