Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
1/28/2025		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)(l) 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	
Leading The Way Family Childcare		2000590612 / 001 - 2005718	
Address - Facility (Street, City, State, Zip Code) 5370 N 35Th St Milwaukee WI 532094721	**Telephone Number** 414-231-3899	**Date - Regulation Visit** 1/7/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(5)(a)4.a. **Child Record - Physical Exam - Under 2** Description: There was no record for Child 1 of having a physical exam in the past 6 months; the last exam was in April 2024. Repeat violation: Previously cited on 5/31/2023	Mom informed us his Appt. was the 10th received exam on 13th; but Child last day in care will be 1/31/25	1/13/25	
2	250.05(2)(c) **Staff File - Days, Hours Worked** Description: Staff are not consistently documenting hours. Staff did not sign in on the day of the monitoring visit and on 1/3/25, staff did not sign out. Repeat violation: Previously cited on 1/31/2024	Immediately signing in and not getting distracted.	1/7/25	

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3	250.07(6)(f)5. **Current Authorizations For Medications On Premises** Description: Medication (liquid Ibuprofen) observed on the premise lacked a current authorization form from the parent. The medication authorization expired September 2024. Repeat violation: Previously cited on 5/31/2023	Medication given back to mom. when child returned back from vacation.	1/10/24	
4	250.08(3)(c) **Required Information - Route And Stops** Description: A written schedule of transportation routes and stops is being maintained in the vehicle but is not being maintained in the center. Repeat violation: Previously cited on 1/31/2024	Transportion not needed currently. but when it is duplicate will be in car and center.	1/7/24	

NAME - Agency Worker
Kristin Keck

Date Issued
1/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Damara Martin

Date Signed
1/17/25