

Date Correction Plan Due 8/26/2024 **NONCOMPLIANCE STATEMENT AND CORRECTION PLAN** **TO FILE A COMPLAINT CALL** 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)(f) 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 First Friends Forever Family Cc Acad **Provider Number / Facility ID Number** 2000590722 / 001 - 2005865

Address - Facility (Street, City, State, Zip Code) 5036 N 66Th St Milwaukee WI 532184036 **Telephone Number** 414-840-4974 **Date - Regulation Visit** 8/14/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: There is no emergency contact information on file for Child #1, #2, and #3.	Moving forward, I will check over all Paper work correctly	8/18/2024	
2	250.06(9)(h) Meals & Snacks - Minimum Meal Requirements Description: USDA minimum meal requirements were not met when water and Kool Aid Jammers were served with lunch rather than milk as required. Milk is required to be served with all meals.	Moving forward, I will offer milk and water with meals	8/18/2024	

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NAME - Agency Worker
Maureen Slatten, Kristin Keck

Date Issued
8/16/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
8/18/2024