

Date Correction Plan Due 10/13/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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.

Name - Certified Operator / Licensed Center Promising Futures		Provider Number / Facility ID Number 9000578109 / 001 - 1003384		
Address - Facility (Street, City, State, Zip Code) 1521 Mackenzie Ln Oconomowoc WI 53066		Telephone Number 262-490-0814	Date - Regulation Visit 9/26/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. Child Record - Health History Description: The health history form on file for Child #1 does not identify whether or not the child has a specific medical condition. Question #1 on the form has been left blank.	Provider will have parent check the box indicating no specific medical condition.	09/29/2025	

NAME - Agency Worker
Maureen Slatten

Date Issued
9/29/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

09/29/2025