DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/28/2026		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
My Future Leaders	6000590996 / 002 - 2007736

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2934 N 21St St Milwaukee WI 532061631	414-339-0741	7/13/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(b) **Current, Accurate Daily Attendance Record** Description: On June 18, 2026 there were six children signed in but they were not signed out.	All parents & staff was Educated on signing in and out	8/3/2026	
2	250.05(2)(c) **Staff File - Days, Hours Worked** Description: Staff were not signed in/out on July 3, 2026 when the attendance record showed that 8 children were in care that day. Repeat violation: Previously cited on 5/6/2026	Every staff was Educated on signing in and out every shift	8/3/2026	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
My Future Leaders		6000590998 / 002 - 2007735	
Address - Facility (Street, City, State, Zip Code) 2934 N 21St St Milwaukee WI 532061631	**Telephone Number** 414-339-0741	**Date - Regulation Visit** 7/13/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(11)(b)4. **Outdoor Play Space - Enclosure** Description: An area of the outdoor play space had a gap in the fence that was greater than four inches. Repeat violation: Previously cited on 5/6/2026	All areas was closed off and all Staff was Educated to check daily before are let out to check for gaps	8/3/2026	
4	250.06(2)(e) **Potential Source Of Harm On Premises** Description: Nightshade, a poisonous plant, was observed in the outdoor play space. Repeat violation: Previously cited on 5/6/2026	All Areas was blocked off as well as poisonous plants was cut down and Sprayed	8/3/2026	
5	250.06(3)(b) **Emergency Plans - Practice** Description: Drills were not conducted in June 2026. Repeat violation: Previously cited on 10/3/2025	All Drills will be done on the First of each month unless closed.	8/3/2026	

NAME - Agency Worker
Katrina Tarantino Monalisa Brown

Date Issued
7/14/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/27/2026