STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
6/24/2026		

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	
Our Future Leaders		1000576621 / 001 - 1009298	
Address - Facility (Street, City, State, Zip Code) 2048 N 25Th St Milwaukee WI 532051008	Telephone Number 414-687-6851	Date - Regulation Visit 6/10/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(1)(b)3.d. **Each Certified Operator And Each Provider Shall Comply With S. 48.661 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.** Description: The operator's CPR has expired and does not have a current CPR on file.	I have scheduled My CPR class For Aug 8, 2026 at 4C's That's the first available class	8-8-26	

Pandora Washington 6-11-26

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Our Future Leaders		10005/6821 / 001 - 1009298	
Address - Facility (Street, City, State, Zip Code) 2046 N 25Th St Milwaukee WI 532051008	Telephone Number 414-687-5851	Date - Regulation Visit 6/10/2026	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(4)(e) **The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144.** Description: Children #1, #3 and #4 were missing immunization history to document compliance with s. 252.04, Stats., and ch. DHS 144 during the on-site visit.	To correct my violation I made sure that every child has an update Immunization record in their File	6-11-26	
3 202.08(4m)(a)1. **An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.** Description: The operator was missing a written plan for taking appropriate action in the event of an emergency including: a flood; extreme outdoor heat or cold; a loss of building service, including no heat, water, electricity or telephone; human-caused events, such as threats to the building or its occupants; allergic reactions; lost or missing children; vehicle accidents; a provider's family situation, such as medical emergency or illness; or other circumstances requiring immediate attention.	I have added all of the other events of emergencies to my written emergency Plan.	6-11-26	

Pandora Washington 6-11-24