

Date Correction Plan Due 3/9/2026	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.

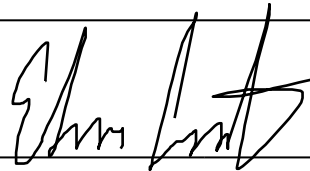
Name - Certified Operator / Licensed Center Fruits Of The Spirit Childcare		Provider Number / Facility ID Number 7000590727 / 001 - 2005870		
Address - Facility (Street, City, State, Zip Code) 5883 N 84Th St Milwaukee WI 53225		Telephone Number 262-403-1770	Date - Regulation Visit 2/17/2026	
	Rule/Statute 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: Child 3 and Child 4 do not have emergency contact information on file.	Emergency contact information was obtained from the parents of Child 3 and Child 4 immediately. Updated enrollment forms were signed and placed in each child's file.	03/09/2026	
2	250.04(6)(a)1.g Child Record - Enrollment Information - Authorized Pickup Description: Child 3 file does not contain person authorized to pick up.	Parent completed authorized pick-up section. Form signed and placed in child's file.	03/09/2026	

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3	<p>250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment</p> <p>Description: Child 3 file does not indicate yes or no for emergency medical care.</p>	<p>Parent clarified consent decision.</p> <p>Updated form signed and dated.</p> <p>Placed in file.</p>	03/09/2026	
4	<p>250.06(9)(h) Meals & Snacks - Minimum Meal Requirements</p> <p>Description: Menu does not meet USDA meal requirements as some meals are missing a second fruit or vegetable.</p>	<p>Menu was revised to include required second fruit and/or vegetable..</p> <p>Staff reviewed USDA meal pattern requirements.</p>	03/09/2026	
5	<p>250.07(6)(b)2. Medical Log Book - Pages And Entries</p> <p>Description: There is a skipped line between one of the entries in the medical log book.</p> <p>Repeat violation: Previously cited on 2/27/2025</p>	<p>A single line was drawn through the skipped space.</p> <p>Provider initialed and dated the correction.</p>	03/09/2026	

NAME - Agency Worker
Sara Cooney, Kristin Lange

SIGNATURE - Certified Operator or Designee / Licensee or Designee.
DCF-F-CFS0294-E (R.06/2011)



Date Issued
2/23/2026

Date Signed
02/28/2026