

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
2/15/2024

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)(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
A Promising Future Family Childcare
Provider Number / Facility ID Number
2000591012 / 001 - 2006630

Address - Facility (Street, City, State, Zip Code)
8128 W Egger Pl Milwaukee WI 532183648
Telephone Number
414-388-1733
Date - Regulation Visit
2/1/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(3)(h) Report - Change In Room Usage Description: Change in room usage that could effect license capacity was not reported.	Change in room usage will always be reported in future	2/1/24	
2 250.04(6)(a)1.f Child Record - Enrollment Information - Medical Contact Description: There was no medical contact on file for Child #1 or Child #2.	Child #1 and 2 medical contact was updated on file	2/2/24	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(6)(a)1.h Child Record - Enrollment Information - Date Of Attendance Description: There was no enrollment date on file for Child #3.	Child #3 enrollment date has been updated on file	2/2/24	
4 250.05(2)(e)1. Staff File - Registry Certificate Description: There was no registry certificate on file for Staff B.	Staff B applied for registry certificate and is awaiting official certificate	2/2/24	
5 250.06(4)(a)3. Smoke Detectors - Testing Description: There were smoke detectors on the premises that needed the batteries replaced.	Smoke detector battery changed	2/1/24	
6 250.06(9)(c) Safe Food Description: There were hamburger patties observed thawing in the sink.	Food will be ^{withd} in fridge until exact time ready to be prepared	2/1/24	

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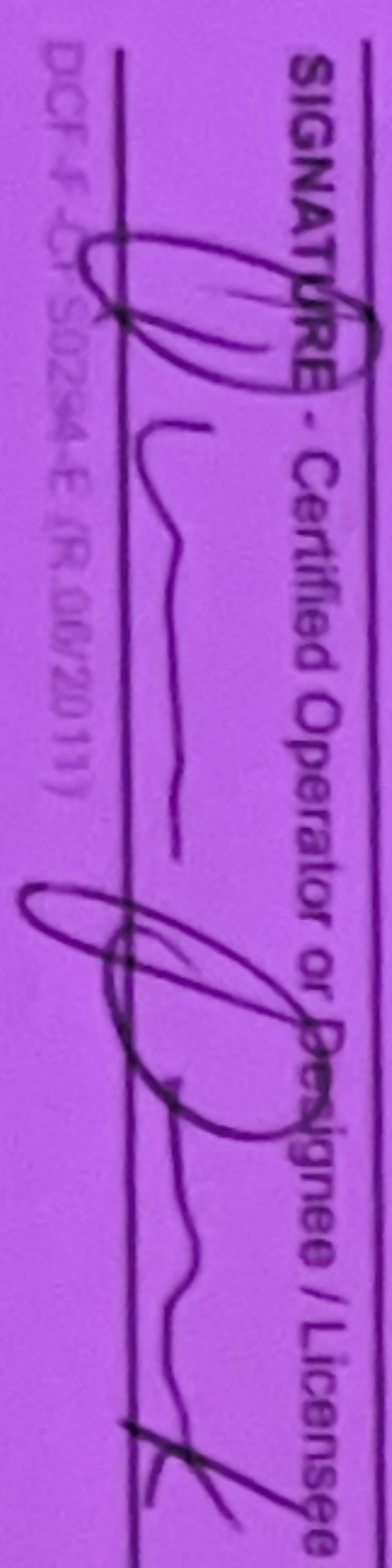
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7 250.06(9)(d) Food Storage, Temperatures Description: The freezer temperature was observed at 20 degrees.	Freezer temperature is measuring at correct temperature	2/1/24	
8 250.06(9)(e) Leftover Food Description: There was leftover food stored in the refrigerator dated for 1/30/24.	Left over food stored in refrigerator will be discarded after 36 hours.	2/1/24	

NAME - Agency Worker
Tameka Thompson

Date Issued
2/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



2/2/2024