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
6/2/2025		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 applicabl 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)(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 Schoo 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 specialis 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 completic 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 th 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 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
A Promising Future Family Childcare		2000591012 / 001 - 2006630
Address - Facility (Street, City, State, Zip Code) 8128 W Eggert Pl Milwaukee WI 532183648	**Telephone Number** 414-388-1733	**Date - Regulation Visit** 5/14/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. **Child Record - Health History** Description: Health history information on file for Child #3 is incomplete.	File updated	5/15/25	
2	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: The licensee failed to maintain a current CPR certification for Infant and Child CPR with AED. The licensee's most recent certificate expired on 12/29/24.	CPR updated	5/15/25	

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3	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: The licensee has not completed the required Child Abuse & Neglect training every two years. The most recent training on file for the licensee expired on 12/11/24.	Training updated	5/14/25	
4	250.06(2)(e) **Potential Source Of Harm On Premises** Description: High grass in excess of 12 inches and thick areas of weeds are observed in the outdoor play space including around play equipment.	Grass cut and will remain below 12"	5/16/25	
5	250.07(3)(a)5. **Play Equipment - Manufacturer Instructions And Recommendations** Description: A freestanding basketball hoop observed in the outdoor play space is not used in accordance with manufacturer instructions and recommendations when the base is not filled and the cap for the base is missing.	Basketball court thrown out and replaced	5/16/25	

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6	250.07(6)(b)2. **Medical Log Book - Pages And Entries** Description: Lines are observed skipped in the medical log book and the entries have not been signed or initialed.	medical log book corrected	~~5/14/5~~ 5/14/25	

NAME - Agency Worker
Maureen Slatten, Kristin Lange

Date Issued
5/19/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
5/19/25