

RECEIVED
STATE OF WISCONSIN

APR 08 2026

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due 4/6/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN
---	--

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 Prosper Childcare Dev Center		Provider Number / Facility ID Number 3000582503 / 001 - 1011857		
Address - Facility (Street, City, State, Zip Code) 4334 W Lisbon Ave Milwaukee WI 532081203		Telephone Number 414-292-8795	Date - Regulation Visit 3/19/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.b. Child Record - Enrollment Information - Parent's Names Description: Documentation of the full names of both of the child's parents was not observed for Child 1, Child 2, and Child 3.	Fill out all forms completely	4/6/26	
2	250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: Documentation of a person to be notified in an emergency when a parent cannot be reached, immediately, was not observed for Child 1 and Child 2.	Fill out all forms completely	4/6/26	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Prosper Childcare Dev Center

3000582503 / 001 - 1011857

Address - Facility (Street, City, State, Zip Code)
4334 W Lisbon Ave Milwaukee WI 532081203

Telephone Number
414-292-8795

Date - Regulation Visit
3/19/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>250.04(6)(a)2. Child Record - Field Trip Permission</p> <p>Description: Documentation of written authorization from the parent indicating the child has permission to participate in walking and transported field trips was not observed for Child 2 and Child 3.</p>	<p>Fill out all forms completely</p>	<p>4/6/26</p>	
4	<p>250.04(6)(b) Current, Accurate Daily Attendance Record</p> <p>Description: The center failed to maintain a current, accurate written record of daily attendance that included the actual time of arrival when attendance did not reflect the time of arrival for a child in care, during the monitoring visit.</p>	<p>Make sure that every child is signed in/out upon arrival/departure</p>	<p>4/6/26</p>	
5	<p>250.05(2)(c) Staff File - Days, Hours Worked</p> <p>Description: The center failed to document the actual hours a provider worked when included in staff-to-child ratio when the provider was not signed in but was providing care to a child, during the monitoring visit.</p>	<p>make sure that every child is signed in/out upon arrival/departure</p>	<p>4/6/26</p>	

Prosper Childcare Dev Center

3000582503 / 001 - 1011857

Address - Facility (Street, City, State, Zip Code)
4334 W Lisbon Ave Milwaukee WI 532081203Telephone Number
414-292-8795Date - Regulation Visit
3/19/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Documentation of current biennial training in child abuse and neglect laws, child abuse and neglect identification and reporting procedures was not observed for Staff B, during the monitoring visit.	Make sure that all staff have their biennial training in child abuse and neglect on or before their first day.	4/6/26	
7	250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: Documentation that the licensee and provider completed at least 15 hours of qualifying continuing education annually was not observed for Staff A and Staff B.	That Staff A & B was enrolled in a medication administration class and will be done on 4/16/26.	4/17/26	
8	250.06(2)(c) Access To Materials Potentially Harmful To Children Description: Items labeled "keep out of reach of children" were in an unlocked cabinet, underneath the kitchen sink, and were accessible to children.	All cabinets will be checked and locked at all times.	4/6/26	
9	250.09(1)(c)1. Infant & Toddler - Information For Providing Individualized Care Description: Documentation of information obtained for a child under 2 years of age to individualize the program of care was not observed for Child 3.	Fill out all forms completely	4/6/26	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Prosper Childcare Dev Center

3000582503 / 001 - 1011857

Address - Facility (Street, City, State, Zip Code)

4334 W Lisbon Ave Milwaukee WI 532081203

Telephone Number

414-292-8795

Date - Regulation Visit

3/19/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker

Tiisha Harrell

Date Issued

3/23/2026

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Virginia Pratt

Date Signed

04-06-2026