Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/5/2024		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		Provider Number / Facility ID Number	
Milestones Prog For Child-Plymouth		2000563872 / 011 - 220346	
Address - Facility (Street, City, State, Zip Code) 2717 E Hampshire St Milwaukee WI 53211		**Telephone Number** 414-967-2178	**Date - Regulation Visit** 6/18/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Person's authorized to call for/receive a child was not on file for all children's files reviewed.	Parents will fill out a half sheet of paper listing emergency contact information. This will be stapled to every child's Emergency form.	9/27/24	
2	251.04(6)(a)6. **Child Record - Health History** Description: The health history information regarding medical condition symptoms and triggers was incomplete for Child #4.	Parent completed information on their online portal.	7/19/24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)1. **Staff Record - Personal Information** Description: Documentation of staff personal information was incomplete for Staff D. Repeat violation: Previously cited on 10/6/2022	Staff will fill out a form at the start of every year or at the start of employment with all their required information. This will be scanned into their file.	9/20/24	
4	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: A current certificate of child abuse and neglect training was not on file for Staff A. Staff A's last certificate expired April 2024.	Staff person has already completed training and certificate has been uploaded.	6/20/24	
5	251.09(1)(am)5. **Infant & Toddler Intake - Communication & Comforting** Description: Information regarding self-expression was not file for Child #3 and Child #4.	Infant and toddler staff have been instructed to review Under Two Intakes as soon as they receive them and instruct parents to thoroughly complete form.	9/20/24	

NAME - Agency Worker
Crescenta Sabree

Date Issued
7/22/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kathy Wiarek

Date Signed
7/22/24