

Date Correction Plan Due 8/1/2024	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 Milestones Prog For Child-Md		Provider Number / Facility ID Number 2000563872 / 020 - 2006477		
Address - Facility (Street, City, State, Zip Code) 8377 N Port Washington Rd Fox Point WI 532172653		Telephone Number 262-283-9266	Date - Regulation Visit 7/17/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(1)(f) Child Tracking Procedure Description: The child tracking procedure was not properly implemented. The tracking procedure was briefly left outside when the classroom came inside to gather lunches to eat outside.	The tracking procedure was again reviewed with the staff. It is a regular part of our orientation process and discussed in room meetings on a regular basis.	July 15, 2024	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A medication authorization for a child did not contain the proper begin and end date. The authorization provided contained a begin and end date for the for the 2023-2024 school year. The school year ended June 2024.	The procedure was reviewed with the staff in the room. This is a regular part of our orientation process and discussed in room meetings on a regular basis.	July 15, 2024	

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3	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: Medication provided for a child did not contain a label the includes the child's name, the dosage, and directions for administration.	The procedure was reviewed with the staff in the room. This is a regular part of our orientation process and discussed in room meetings on a regular basis.	July 15, 2024

NAME - Agency Worker
Crescenta Sabree

Date Issued
7/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Sarah Miller

Date Signed

9-17-24