

Date Correction Plan Due 1/14/2025	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-Atwater		Provider Number / Facility ID Number 2000563872 / 001 - 220339	
Address - Facility (Street, City, State, Zip Code) 2100 E Capitol Dr Shorewood WI 53211		Telephone Number 414-477-9136	Date - Regulation Visit 12/12/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)6. Child Record - Health History Description: The health history was incomplete for Child #6. Repeat violation: Previously cited on 12/6/2023	Let her speak to the parent The child to fill out her area of the form.	1/10/25	
2 251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: An orientation was not completed within one week of starting work for Staff C.	Staff was retrained and will complete a new orientation.	1/10/25	

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3 251.06(10)(dm)1. Washrooms - Sanitary Conditions Description: A toilet in Room #103 was observed unflushed. Repeat violation: Previously cited on 12/6/2023, 12/14/2022	A new Septic is impl to help an 3 year old children to flush when they are done of the flushing man	12/30/24	
4 251.07(4)(cm) Naps Or Rest Periods - Sleeping Surfaces - Children 1 And Older Description: Cots with sleeping children were observed less than 2 feet apart.	We will measure 2ft between cots not 1.5ft many forward.	12/30/24	

NAME - Agency Worker
Crescenta Sabree

Date Issued
12/30/2024

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Date Signed

12-30-24