

Date Correction Plan Due 10/21/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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-Holy Fam		Provider Number / Facility ID Number 2000563872 / 004 - 220341		
Address - Facility (Street, City, State, Zip Code) 4849 N Wildwood Ave Whitefish Bay WI 53217		Telephone Number 414-659-7974	Date - Regulation Visit 9/18/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(L)1.a. <b>Monitoring Results Posted</b>  Description: The most current licensing noncompliance and correction plan was not observed on both parent boards.	<i>This noncompliance will replace the old.</i>	<i>Oct 7 2024</i>	
2	251.04(6)(a)6. <b>Child Record - Health History</b>  Description: The health history information was incomplete for Child #1 and Child #2.	<i>We have contacted the Parents to complete their child's health history</i>	<i>Oct 7 2024</i>	

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3	251.05(2)(a)3.a. Staff Record - Physical Examination  Description: A physical examination completed not more than 12 months prior to nor more than 30 days after a person was hired was not on file for Staff C.	Staff C Completed their Physical on 9/26/24	9/26/24	

NAME - Agency Worker  
Crescenta Sabree

Date Issued  
10/7/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

10/7/24