

Date Correction Plan Due 3/17/2025	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-Lydell		Provider Number / Facility ID Number 2000563872 / 009 - 220343		
Address - Facility (Street, City, State, Zip Code) 5205 N Lydell Ave Whitefish Bay WI 53217		Telephone Number 414-967-2160	Date - Regulation Visit 2/27/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Documentation of a physical health exam that indicates Staff C is physically able to work with children and free from illness. Repeat violation: Previously cited on 10/11/2023	<i>Teacher was asked to submit health form ASAP.</i>	<i>3/28/25</i>	
2	251.05(2)(a)4.a. Staff Record - Registry Certificate Description: Documentation of a Registry certificate within 6 months of beginning work was not on file for Staff D.	<i>Teacher will complete Registry process.</i>	<i>4/30/25</i>	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.05(2)(a)4.d. Staff Record - Educational Qualifications</p> <p>Description: Documentation of educational qualifications was not on file for Staff D.</p> <p>Repeat violation: Previously cited on 2/7/2024, 10/11/2023</p>	<p>Transcripts and course certificates requested from teacher.</p>	4/1/25	
4	<p>251.05(3)(c) Cardiopulmonary Resuscitation Training</p> <p>Description: A current infant/child CPR/AED training certificate was not on file for Staff A. Staff A's training expired January 2025.</p>	<p>Teacher will take CPR course ASAP.</p>	3/28/25	
5	<p>251.06(9)(d)1.b. Food Storage - Refrigeration Units</p> <p>Description: The freezer in the Dolphin room was observed at 6 degrees F.</p>	<p>Freezer temperature was turned down. Temperature will be more closely monitored.</p>	<p>Done 2/27/25</p>	
6	<p>251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home</p> <p>Description: A canister of infant formula brought from home was observed without a label that included both a child's name and a date.</p>	<p>Name & date were added. Teachers will more closely monitor this going forward.</p>	<p>Done 2/27/25</p>	

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NAME - Agency Worker
Crescenta Sabree

Date Issued
3/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

3/14/25