

<b>Date Correction Plan Due</b> 3/7/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Milestones Prog For Child-Indian Hi		<b>Provider Number / Facility ID Number</b> 2000563872 / 013 - 1004008		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1101 W Brown Deer Rd River Hills WI 53217		<b>Telephone Number</b> 414-351-0810	<b>Date - Regulation Visit</b> 1/29/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: Documentation of immunization history was not on file for Child #1 and Child #2.  Repeat violation: Previously cited on 4/21/2023	Immunization records will be reviewed every 3 months to make sure they are up to date.	3-1-25	
2	251.04(6)(a)8.a. <b>Child Record - Physical Exam - Under 2</b>  Description: A follow-up health exam was not on file for Child #1.	Health records are recorded and checked monthly to make sure they are up to date.	2-25-25	

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Milestones Prog For Child-Indian Hi

2000563872 / 013 - 1004008

Address - Facility (Street, City, State, Zip Code)

1101 W Brown Deer Rd River Hills WI 53217

Telephone Number

414-351-0810

Date - Regulation Visit

1/29/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.05(2)(a)2. <b>Staff Record - Completed Background Check</b></p> <p>Description: Staff D was present at the center without documentation of a completed background check that indicates Staff D is eligible to work in a child care program. This rule was included in an Order issued March 15, 2023.</p> <p>Repeat violation: Previously cited on 9/5/2023, 3/8/2023, 2/20/2023</p>	<p>No staff member will be allowed to work with children alone or in ratio until final check is in the Child Care Portal</p>	<p>2-25- 25</p>	
4	<p>251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b></p> <p>Description: Documentation of current Child Abuse and Neglect training was not file for Staff A. The last training document expired 12/2022.</p> <p>Repeat violation: Previously cited on 11/20/2023</p>	<p>- Checked by Director before start date</p> <p>Files are checked monthly and list of expected expiration is also checked to ensure timely completion</p>	<p>3-1- 25</p>	
5	<p>251.06(9)(d)1.b. <b>Food Storage - Refrigeration Units</b></p> <p>Description: The refrigerator in the Butterfly room was observed above 40 degrees F. The refrigerator was observed at approximately 47 degrees F.</p>	<p>Refrigerator temp. check was added to weekly check list and moved to back of fridge</p>	<p>2-25- 25</p>	

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6	251.06(9)(d)1.c. <b>Food Storage - Cold Storage Thermometers</b>  Description: The thermometer in the freezer in the Butterfly room was observed broken.  Repeat violation: Previously cited on 6/18/2024	Freezer thermometer check added to weekly room ck. list and this one was replaced	2-22-25
7	251.09(1)(c) <b>Infant &amp; Toddler - Documenting Changes In Development</b>  Description: The intake updates for Child #2 was incomplete.	Intakes are now added to every 3 months with written changes	2-25-25

**NAME** - Agency Worker  
Crescenta Sabree

Date Issued  
2/21/2025

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee

Date Signed

*Sarah Miller*

3-4-25