

Date Correction Plan Due
7/23/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

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		Provider Number / Facility ID Number	
Milestones Prog For Child-Md		2000563872 / 020 - 2006477	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	
8377 N Port Washington Rd Fox Point WI 532172653		262-283-9266	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a)6. Child Record - Health History Description: Health history was observed incomplete for Child #2 and Child #3.	Health histories will be reviewed before a child starts and more information added before their start date as needed	7-28-25
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: A completed health exam that indicates a person is free from illness and physically able to work with young children was not on file for Staff C.	Staff will have health records within the designated time period. Director will follow up ahead of that date.	7-28-25
			Verification Date

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Date - Regulation Visit
7/2/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3 251.05(2)(a)4.d. Staff Record - Educational Qualifications Description: Educational qualifications was not on file for Staff C.</p>	<p>The Director will follow up verbally and via email with the course information and when the person can take the course in the state required time period so it is completed. Director will make sure time is given to do this.</p>	<p>7-28-25</p>	
<p>4 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: A current certificate of completion for infant/child CPR/AED training (from a Department approved agency) was not on file for Staff C. Repeat violation: Previously cited on 6/25/2024</p>	<p>Testing to complete the training will be done when the online portion is complete. Director will use a check list and calendar to stay up to date on this.</p>	<p>7-28-25</p>	
<p>5 251.05(4)(c)2m. Continuing Education Requirement - Less Than 8 Months Description: Six (6) hours of continuing education was not on file for Staff A and Staff C.</p>	<p>Director will document training for part time summer staff in the same way that full year staff are done, using the state form and keeping a file for this purpose.</p>	<p>7-28-25</p>	
<p>6 251.06(9)(d)1.b. Food Storage - Refrigeration Units Description: The freezer was not maintained at 0°F or below. The freezer was observed at 25°F.</p>	<p>this freezer is not used for freezing anything at this point. Fridge will be replaced with a working freezer.</p>	<p>7-28-25</p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Crescentia Sabree

Date Issued
7/9/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

7-22-25