Date Correction Plan Due 7/23/2026	**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) 8377 N Port Washington Rd Fox Point WI 532172653	**Telephone Number** 262-283-9266	**Date - Regulation Visit** 6/30/2026	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(2)(L)1.a. **Monitoring Results Posted** Description: Monitoring results from a visit on 7/2/25 was not posted at the center.	Correction plan was posted and added to set-up checklist for 2027.	7-1-2026	
2	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Actual days and hours staff worked are not documented accurately when staff is included in staff-to-child ratio, as staff hours are documented in the form of a weekly schedule.	A real time sign in/out system was prepared for each classroom to be posted by door.	7-20-2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff B does not have documentation of a current child abuse and neglect training and within one week after beginning to work at the center.	CAN training has been completed. Follow up with checklist implemented	7-1-2026	
4	251.06(3)(b)4. **Emergencies - Record Of Fire / Tornado Drills** Description: At the time of the licensing visit, there was no documentation that monthly fire and tornado drills were conducted for the months of June and July 2025. **This was verified as corrected via email on 7/8/26**	Emergency drills for 2025 emailed. Current 2026 doc is posted. Added to 2027 checklist	7-1-2026	
5	251.07(6)(f)6. **Current Authorizations For Medications On Premises** Description: Medications observed on the premise lacked a written authorization form signed and dated childs parent.	Med form has been added - train all staff re: necessary paperwork needed for meds.	7-6-2026	

NAME - Agency Worker
Kristin Lange, Maureen Slatten

Date Issued
7/9/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

7-15-2026
Date Signed