

<b>Date Correction Plan Due</b> 3/28/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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		
Colorful Footsteps		1000591501 / 001 - 2006690		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
5211 N 38Th St Milwaukee WI 532094735		414-627-1036	3/4/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. <b>Child Record - Enrollment Information - Other Emergency Contact</b>  Description: Emergency contact information observed incomplete for child #4. There was no phone number for emergency contact.	As a provider I will go over all paper work thoroughly with parents to be sure that each question is answered correctly and completely for each child's file.	3-5-2024	
2	250.04(6)(a)1m.f. <b>Child Record - Health History - Medical Condition Symptoms</b>  Description: There was no triggers and symptoms for Child #3 and Child #4 with non-food related allergies.	As a provider I will go over all paper work thoroughly with parents to be sure that each question is answered correctly and completed for each child's file.	3-5-2024	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Colorful Footsteps		1000591501 / 001 - 2006690		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
5211 N 38Th St Milwaukee WI 532094735		414-627-1036	3/4/2024	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3 250.05(2)(d)1. Staff File - Physical Examination - Form  Description: Physical exam form observed incomplete for Staff B. There was no document that provider is free of illness and able to work with children.	An appointment with my physician has been scheduled to have required forms completed and stored in staff file. Moving forward I will keep all documentation updated.	4-1-2024		
4 250.06(9)(d) Food Storage, Temperatures  Description: Refrigerator temperature observed at 47 degrees freezer temperature observed at 10 degrees.	Temperatures have been corrected and set. Moving forward, I will do a daily check to make sure that both freezer and refrigerator are at the licensing regulated temperatures.	3-5-2024		
5 250.06(9)(e) Leftover Food  Description: Leftover food stored in the refrigerator with no label or date.	I will assure that all leftovers and stored food items are labeled and dated daily. I have posted a reminder.	3-5-2024		
6 250.07(6)(g)6. Handwashing For Persons Working With Children  Description: Provider did not wash hands before diaper changing.	I have created and posted a sign above the diaper changing table as a reminder to wash hands before and after each diaper change as a reminder to my and staff.	3-5-2024		

Name - Certified Operator / Licensed Center

Colorful Footsteps

Provider Number / Facility ID Number

1000591501 / 001 - 2006690

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

5211 N 38Th St Milwaukee WI 532094735

Telephone Number

414-627-1036

Date - Regulation Visit

3/4/2024

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

NAME - Agency Worker  
Tameka Thompson, Crescenta Sabree

Date Issued  
3/14/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed  
3/15/2024