

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
9/4/2025

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

Catherine Early Childhood Development Center

Provider Number / Facility ID Number
8000587128 / 001 - 2000284

Address - Facility (Street, City, State, Zip Code)
2709 N 32Nd St Milwaukee WI 532102507

Telephone Number
414-393-4004

Date - Regulation Visit
8/20/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)2. Staff Record - Completed Background Check	Description: Fingerprints not completed for the following individuals: Individual 001 Repeat violation: Previously cited on 1/29/2024	due 9/4/2025 Individual the finger on 7/24/2025 as noted on receipt. Person no longer employed	8/31/2025	

NAME - Agency Worker
Samantha Douglas

Date Issued
8/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9/4/2025



Background checks

Please note:

Alice Stokes

Lisa Grant


Demetrius Johnson Jr.

Are no longer employed at Catherine Early
Childhood Development Center, LLC as of August
31, 2025

Olivia El-Amin

Co-Owner

DEPARTMENT OF CHILDREN AND FAMILIES
CHILD CARE BACKGROUND UNIT
PO BOX 8916
201 W WASHINGTON AVE
MADISON, WI 53708-8916



State of Wisconsin

Provider #
8000587128/001

Facility ID
2000284

Contact:
Child Care Background Unit
Phone: (608) 422-7400 Fax: (608) 422-7155
TTY: Dial 711 for TTY Service

Date: 08/29/2025

OLIVIA EL-AMIN
CATHERINE EARLY CHILDHOOD DEVELOPMENT CENTER
LLC
8512 S 68TH ST
FRANKLIN WI 53132-8201

The State of Wisconsin is an equal opportunity service provider. If you need this material in a different format because of a disability, or if you need this letter translated or explained in your own language, please call the telephone number shown above. These services are free.

Fingerprint-Based Background Checks

The individual(s) listed at the end of this letter are required by law to submit fingerprints to the Department of Children and Families (DCF) for the purposes of verifying the identity of the person fingerprinted and obtaining records of his or her criminal arrests and convictions. The law requires DCF to conduct a fingerprint-based criminal record search every five years on any individual that is:

1. A child care applicant or licensee / operator
2. A household member 18 years or older residing on the premises of a proposed or licensed / certified child care center
3. An employee 18 years or older of a child care program in a caregiver or non-caregiver role
4. An applicant, licensee / operator, caregiver or employee of a child care who has not been a resident of Wisconsin at any time within the last five years
5. A household member 18 years or older who has not been a resident of Wisconsin at any time within the last five years
6. DCF determined the individual's employment, licensing or state court records provide a reasonable basis to require a fingerprint-based criminal record check

A fingerprint-based criminal record search is conducted annually on any applicant, licensee / operator, caregiver or employee who currently resides outside the state of Wisconsin.

Carefully review the attached list of individuals to ensure accuracy. Inaccuracies can lead to background check delays and additional expense. Contact the Child Care Background Unit if the list requires updates.

How to schedule a Fieldprint® Livescan fingerprint capture appointment:

1. Access the Fieldprint® website at <http://fieldprintwisconsin.com/>
2. Click Schedule an Appointment.
3. Follow the onscreen instructions to register with Fieldprint® or log-in if you are an existing user.
4. Submit the unique Fieldprint® Code provided below for the individual being fingerprinted.
5. Complete the demographic information.
6. Under Additional Information, enter the unique 9-character Reference Code provided below for the individual being fingerprinted. This Reference Code is customized for each individual and is linked to his or her criminal search results. Please verify the Reference Code was entered correctly before proceeding.
7. Complete the rest of the screens, choose a location, schedule the appointment and submit payment using a credit / debit card or e-check.

Name: JOHNSON JR, DEMETRIUS Fieldprint Code: FPWIDCFLicensee	DOB: 08/28/2007 Reference Code: JO5175338
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Name: GRANT, LISA Fieldprint Code: FPWIDCFLicensee	DOB: 09/13/1967 Reference Code: GR5172024
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7/24/11 9:34:29 AM

Field : at Site - Essence of Truth Clinical Lab

Subject : Alice J Stokes

Wisconsin-AFIS TCN: 870250722378

Appointment #: 24793410

Please call us at 1-800-799-1067 to take our post-collection survey and rate your experience.
Thank you!