

Date Correction Plan Due 12/2/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Mps - Marvin Pratt Safe Place		2000563892 / 050 - 2100213	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
5131 N Green Bay Ave Milwaukee, WI 53209-5753			11/8/2024
	<p style="text-align: center;">Rule/Statute Number Noncompliance Statement</p> <p>1 251.04(6)(a)6. Child Record - Health History Description: The health history information was incomplete for Child #5.</p>	<p style="text-align: center;">Correction Plan</p> <p>BGCGM Area Director will ensure that the health history information is complete for each child and will review the BGCGM policy and procedure for a complete child record – health history with School Age Director.</p>	<p style="text-align: center;">Expected Completion Date</p> <p>12/20/2024</p> <p style="text-align: center;">Verification Date</p>

NAME - Certification Worker / Licensing Specialist

[Redacted Name]

Date Issued

11/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Leighton Cook

Date Signed

12/3/2024