

Date Correction Plan Due	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 - Clarke Street CLC		2000563892 / 004 - 2100254		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
2816 W Clarke St Milwaukee, WI 53210-2621		414-902-7250	1/21/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: There was no documentation of a completed background check for the four staff that were there at the time of the visit.	Safe Place lead agency (STRYV365) will ensure that background checks are completed for all staff and will be placed in their corresponding staff files.	3/2/2026	
2	251.05(3)(b) Abusive Head Trauma Prevention Training Description: There was no documentation of a completed Abusive Head Trauma training for the staff that were there at the time of the visit.	Safe Place Site Coordinator will ensure staff records will be stored in a way that it can be accessed by DCF. Staff will ensure a copy of their certificate is in the record.	3/2/2026	

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3	Rule/Statute Number Noncompliance Statement 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: There was no documentation of a completed Mandated Reporter Training for the staff at the site on the day of the visit.	Correction Plan Safe Place Site Coordinator will ensure staff records will be stored in a way that it can be accessed by DCF. Staff will ensure a copy of their certificate is in the record.	Expected Completion Date 3/2/2026	Verification Date

NAME - Certification Worker / Licensing Specialist

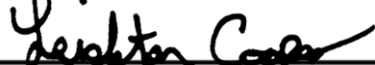
Date Issued

Rhonda Brueggemann

1/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



4/8/2026