

Date Correction Plan Due 2/14/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Childrens Pantry Fam Resource Ctr		Provider Number / Facility ID Number 3000563593 / 001 - 1003298	
Address - Facility (Street, City, State, Zip Code) 3130 W Lisbon Ave Milwaukee WI 53208		Telephone Number 414-342-8015	Date - Regulation Visit 1/24/2025
	Rule/Statute Number Noncompliance Statement 1 251.04(2)(L)1.a. Monitoring Results Posted Description: Most current noncompliance form was not posted.	Correction Plan This was a managerial oversight and the center will ensure to Have all non compliances posted in the building.	Expected Completion Date 1/24/2025
	Rule/Statute Number Noncompliance Statement 2 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff B did not have a health report on file. Repeat violation: Previously cited on 7/30/2024, 3/14/2024	Correction Plan Health Report of staff will be added to the staff file. There will be Ongoing file checks to avoid this violation in the future.	Expected Completion Date 1/31/2025

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3130 W Lisbon Ave Milwaukee WI 53208		414-342-8015	1/24/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.05(3)(cm) Child Abuse & Neglect - Biennial Training</p> <p>Description: Staff A, B, and C did not have current Child Abuse and Neglect training on file.</p> <p>Repeat violation: Previously cited on 8/27/2024, 7/30/2024, 6/26/2024</p>	There will be a file audit completed for all staff and updated Trainings offered to ensure compliance in the future.	1/31/2025	
4	<p>251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair</p> <p>Description: The microwave was not clean and had food particles along the walls.</p> <p>Repeat violation: Previously cited on 3/14/2024, 5/17/2023</p>	The Microwave utilize by staff will be added to the nightly Cleaning log to avoid this non compliance in the future. The microwave will be cleaned.	1/24/2025	
5	<p>251.06(4)(j)2. Fire Alarms & Smoke Detectors - Maintenance</p> <p>Description: There was a smoke detector that was chirping in the infant room and was not considered in working order.</p>	The batteries in the smoke detector will be changed and Logged for routine checks on a monthly basis.	1/24/25	
6	<p>251.08(5)(a)1. Vehicle Requirements - Registration</p> <p>Description: The center did not have a current registration form on file.</p>	Registration has been pulled and will remain on the vehicle & on the premises at all times.	1/24/25	

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NAME - Agency Worker
Joel Marquez, Laura Taylor

Date Issued
1/31/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

