

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due: 8/15/2025

TO FILE A COMPLAINT CALL: 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: A Purposeful Life Childcare Ctr Llc
Provider Number / Facility ID Number: 2000587672 / 001 - 2001009

Address - Facility (Street, City, State, Zip Code): 7205 W Burleigh St Milwaukee WI 532101120
Telephone Number: 414-444-3890
Date - Regulation Visit: 7/30/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A does not have documentation of a physical examination report within 30 days after Staff A was hired.	Staff member was a part-time seasonal employee. Employment ended before physical was re-hired	8/01/25	
2 251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff C does not have documentation of completion of department-approved training in abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children prior to Staff C beginning to work with children under 5 years of age. Repeat violation: Previously cited on 7/1/2024	Training completed online	8/16/25	

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<p><i>[Faint, illegible text]</i></p>	<p><i>through policies review submit feedback a long time review 2/18/2025</i></p>	<p><i>8/12/25</i></p>	

NAME - Agency Worker
Daniel Noel, Kristin Lange

Date Issued
7/31/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

[Handwritten signature]

Date Signed
7-23-25