

**Date Correction Plan Due**  
10/10/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**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, 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. 48.715. 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**

The Saints Of The Most High Learning  
**Agency Address** - Facility (Street, City, State, Zip Code)  
 3939 N 13Th St Milwaukee WI 532063017

**Provider Number / Facility ID Number**  
2000590022 / 001 - 2004830

**Telephone Number**  
414-712-2999

**Date - Regulation Visit**  
9/25/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.05(2)(b) <b>Staff File - Background Check Results</b> Description: Fingerprints not completed for the following individuals: Individual 001 Repeat violation. Previously cited on 9/5/2024, 8/20/2024	Fingerprints to be completed by 10/10/2024 <i>If an employee is not hired, I will be sure to remove them from my posted information in my manner. Employee was not hired and did not work in my facility.</i>	9/27/24	

**NAME - Agency Worker**  
Kimberly Pahlow-Anderson

**DATE ISSUED**  
9/26/2024

**SIGNATURE - Certified Operator of Designee / Licensee or Designee**

**DATE SIGNED**  
10/10/24