

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 Pushing Potential Lrng Center Llc		Provider Number / Facility ID Number 4000591984 / 001 - 2007208		
Address - Facility (Street, City, State, Zip Code) 3624 W North Ave Milwaukee WI 532081416		Telephone Number 414-795-5841	Date - Regulation Visit 1/29/2025	
	<p style="text-align: center;">Rule/Statute Number Noncompliance Statement</p>	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(6)(a)6. Child Record - Health History</p> <p>Description: Children 4 and 5, identified as having allergies, did not have additional information documented to provide care, such as triggers, signs or symptoms to watch for, steps to follow.</p>	<p>Parents will be contacted to provide additional information to document on health history form.</p>	<p>2-10-25</p>	
2	<p>251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>Description: Staff A and B did not have documentation of a physical exam on file.</p>	<p>Staff will visit physician to obtain a physical exam.</p>	<p>2-3-25</p>	

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3	251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: Staff B did not have documentation of an orientation on file.	Staff B will be given proper orientation by expected completion date.	2-3-25
4	251.06(9)(d)2.a. Food Storage - Dry Food Description: Opened animal crackers not labeled.	Animal crackers were labeled immediately.	1-29-25
5	251.07(6)(i)2. Adult Handwashing Description: Staff did not wash their hands after wiping noses.	Staff will wash hands before and after wiping children noses.	1-29-25

NAME - Agency Worker
Cindy Matuszak, Crescenta Sabree

Date Issued
1/31/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Eve [Signature]

2-4-2025