SILVER SPRING NEIGHBORHOOD CENTER

EST. 1958

A COMMUNITY OF SUCCESS

FAX TRANSMISSION SHEET

5460 NORTH 64TH ST
MILWAUKEE, WI 53218
PHONE: 414.463.7950
FAX: 414.463.4858

TO: Allison Nyka FAX: 262-446-7994

COMPANY: _____ DATE: 12/1/2021

FROM: Tamira Major EXT. _____

SUBJECT: _____ TIME: _____

NUMBER OF PAGES 4, INCLUDING THIS COVER SHEET

COMMENTS: _____

Please respond by: _____

☐ *Confidential Information*

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
12/8/2021		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	Provider Number / Facility ID Number
Love And Purpose Development Center	4000588724 / 002 - 2005005

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
6809 W Hampton Ave Milwaukee WI 532184804	262-458-8431	11/16/2021

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(8)(b) **Biennial Training - Child Abuse & Neglect** Description: Staff A was missing biennial CAN	Staff will complete Child Abuse and Neglect by 12/4/2021	12/1/2021	
2	251.06(2)(d) **Access To Materials Potentially Harmful To Children** Description: An adult large scissors was in reach of a child- left on a table while working on a project. Staff immediately removed it upon being mentioned. Also a TV which was mounted to a wall had a long cord not secured to the wall and was hanging loosely.	A staff member was sitting on the other side of the table. Scissors were removed right away	11/16/2021	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Love And Purpose Development Center		4000588724 / 002 - 2005005	
Address - Facility (Street, City, State, Zip Code) 6809 W Hampton Ave Milwaukee WI 532184804	**Telephone Number** 262-458-8431	**Date - Regulation Visit** 11/16/2021	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**

NAME - Certification Worker / Licensing Specialist
Allison Nyren

Date Issued
11/23/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
12/2/2021

DCF-F-CFS0294-E (R.06/2011)

STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
12/14/2021		262-446-7800

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Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Love And Purpose Development Center		4000588724 / 001 - 2002660	
Address - Facility (Street, City, State, Zip Code) 8162 W Kathryn Ave Milwaukee WI 532183639	**Telephone Number** 262-458-8431	**Date - Regulation Visit** 11/30/2021	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	250.05(2)(b) **Staff File - Background Check Results** Description: FBI fingerprint background check missing for one adult household member.	Previous licensor was made aware that Arlandis Major was no longer in the home January 2020	12/2020	

NAME - Certification Worker / Licensing Specialist
Jenna Simon

Date Issued
11/30/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
12/1/20