

Date Correction Plan Due
 8/26/2024

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. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.085, DCF 280.04(2)(i) and (3)(s), DCF 281.04(2)(L) and (3)(f), DCF 282.41(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. 48.067. 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 Alexis' Dream Chasers		Provider Number / Facility ID Number 4000590394 / 001 - 2005438		
Address - Facility (Street, City, State, Zip Code) 5623 N 34Th St Milwaukee WI 532094752		Telephone Number 414-346-5049	Date - Regulation Visit 8/9/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.08(11)(b)4. Outdoor Play Space - Enclosure Description: The gate in the outdoor play space was not closing properly so that a larger than 4 inch gap was created. "corrected during licensing visit"	make sure gate is always closed		
2	250.08(9)(j) Meals & Snacks - Records Description: There is no written record of meals/snacks served for the past three months.	post a lunch menu		

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

4000000094 / 001 - 2000438

Health System Category

Date of Registration Visit

6/2/2024

Address - Facility Street No. Box No. (mail)
1023 W 147th St - Minneapolis MN 55424-720

Telephone Number
612-345-0000

Correction Plan

Expected
Completion Date

Verification
Date

Reference Number
Investigatory Statement

Date Issued
6/7/2024

NAME - Agency Worker
Laura Taylor - Christine Langsdorf

Date Signed

SIGNATURE - Certified Operator or Designee - Licensee or Designee