

Date Correction Plan Due 6/16/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 252-446-7800
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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 (j)(i), DCF 251.04(2)(L) and (j)(i), 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 Pam's Lrng Ctr-Where Lrng Is Fundamental		Provider Number / Facility ID Number 0000590540 / 001 - 2005609		
Address - Facility (Street, City, State, Zip Code) 3048 N 1st St Milwaukee WI 532122002		Telephone Number 414-336-5771	Date - Regulation Visit 5/29/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(5)(a)4.b. Child Record - Physical Exam - Over 2, Under 5	<i>all children have phy. exam over (2) under (5)</i>	<i>6/12/25</i>	
2	250.04(5)(a)4m. Child Record - Immunization History Compliance Description: No immunization records on file for child 1 and 2 Repeat violation: Previously cited on 4/25/2024	<i>all children have immunization records now</i>	<i>6/12/25</i>	
3	250.05(2)(a) Staff File - Staff Record Form Description: Staff A did not have a staff record on file	<i>Staff record on file now</i>	<i>6/12/26</i>	

Name - Certified Operator / Licensed Center Pam's Lrng Ctr-Where Lrng Is Fundamental		Provider Number / Facility ID Number 0000590540 / 001 - 2005909	
Address - Facility (Street, City, State, Zip Code) 3048 N 1St St Milwaukee WI 532122002		Telephone Number 414-336-5771	Date - Regulation Visit 5/29/2025
Rate/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4 250.05(2)(d)1. Staff File - Physical Examination - Form Description: No health report on file for staff A	File Health report on staff	7/15/25	
5 250.05(2)(e) Potential Source Of Harm On Premises Description: There was a sharp piece of trim sticking out on the door frame on the front door. There were a couple of nails sticking out on ramp on the side of the house. Children don't usually use ramp so it is not a violation, provided TA instead. Repeat violation: Previously cited on 8/28/2024, 5/15/2024, 4/25/2024	New door frame and door / nails Spout of ramp Ramp only for my daughter w/c Ramp	7/8/25	

NAME - Agency Worker
Jennifer Mischock, Allison Myron

Date Issued
6/2/25

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jones Vogel

Date Signed

7/8/25