

BUREAU OF EARLY CARE REGULATION  
SOUTHEASTERN REGION  
141 NW BARSTOW ST  
ROOM 104  
WAUKESHA, WI 53188



**State of  
Wisconsin**

**Provider #**  
4000591294/001

**Facility ID**  
2006462

**Regional Office:**  
Phone: (262) 446-7800 Fax: (262) 446-7991  
Licensing Specialist: Sarah Stormont

Date: 05/06/2024

RAHSHENIA WALKER  
REVITALIZE BODY SHOP LLC  
510 W MEINECKE AVE  
MILWAUKEE, WI 53212-3141

**Category:** Day Camp  
**County:** Milwaukee County

The State of Wisconsin is an equal opportunity service provider. If you need this material in a different format because of a disability, or if you need this letter translated or explained in your own language, please call the telephone number shown above. These services are free.

## WARNING: PROBATIONARY LICENSE EXPIRING

**Facility Address:** REVITALIZE LIFE SKILLS  
510 W MEINECKE AVE  
MILWAUKEE, WI 53212-3141

According to our records, we have not received one or more of the following license application materials needed to begin the process of a regular 2-year license for your facility:

- completed application
- license fee payment
- other fee(s) or forfeiture fee(s)

Because you have not submitted all continuation materials and/or fees at least 30 days prior to the probationary license expiration date, as required by administrative rule, we have attached a Noncompliance Statement and Correction Plan for this violation. The Bureau of Early Care Regulation will verify that the violation has been corrected upon receipt of all outstanding materials and/or fees. Note: The Noncompliance Statement and Correction Plan must be posted beside the child care license.

If you wish to continue your license, submit all items requested above no later than the probationary license expiration date.

Based on your current capacity of 25, your license fee is \$453.75.

Any forfeiture assessed under s.48.715(3)(a) or penalty under s.48.76 that is due must be paid before a license will be issued or renewed. Payment in the form of a check or money order for all fees due (including any license or forfeitures) should be made payable to the Department of Children and Families.

Please mail any materials  
and/or any fees due to:

BUREAU OF EARLY CARE REGULATION  
SOUTHEASTERN REGION  
141 NW BARSTOW ST  
ROOM 104  
WAUKESHA, WI 53188

Pursuant to s.48.69 Wisconsin Statute, the probationary license is valid for up to 6 months. **Failure to submit the license renewal materials on or before the probationary license expiration date will result in expiration of your license and closure of your facility.**

If you have already mailed the items listed above, please disregard this notice. If you do not wish to continue your license, please respond in writing indicating the date you will close the facility.

Sincerely,

Randall Gasser  
LICENSING MANAGER  
BUREAU OF EARLY CARE REGULATION

**INSTRUCTIONS FOR COMPLETING THE CORRECTION PLAN SECTION OF THE  
NONCOMPLIANCE STATEMENT AND CORRECTION PLAN (DCF-F-CFS294)**

I have attached the Noncompliance Statement and Correction Plan (DCF-F-CFS294) dated May 06, 2024 . Please complete this form as follows:

1. In the column titled "Correction Plan," indicate how you intend to correct each noncompliance listed on the form and outline the steps you will take to prevent future violation of the same rule. If you need more space than is provided on the form, attach additional pages and identify the item number to which the correction plan is related. Because completed and approved correction plans will be scanned and linked to the Regulated Child Care and YoungStar Public Search internet site, which shows each provider's violations, please note the following when writing your correction plan:
  - Do not include confidential information, including the names of children and staff.
  - Write in concise, plain English.
  - Be specific when describing what you have done or intend to do to correct each violation. Non-specific statements such as "It will be fixed", "Done", "Will do", "Don't agree" or "This won't happen again" do not provide the reader with any understanding of how the violation has been corrected or how you plan to prevent the violation from occurring again.
  - Be objective, factual and descriptive. The plan should not include derogatory comments, profanity or subjective observations, such as "The licensing specialist doesn't like me."
2. For each noncompliance, enter the date (month, day, year) by which you expect the correction plan to be completed.
3. Sign and date the form. Retain a copy for your records.
4. **Return the completed and signed form to the department by the due date that appears at the top left of the form via:**
  - **Email:** sarah.stormont@wisconsin.gov or
  - **Fax:** (262) 446-7991 or
  - **Mail:** DEPARTMENT OF CHILDREN AND FAMILIES  
BUREAU OF EARLY CARE REGULATION  
SOUTHEASTERN REGION  
141 NW BARSTOW ST  
ROOM 104  
WAUKESHA, WI 53188

If the correction plan and the completion dates are acceptable, the form will be linked to the Regulated Child Care and YoungStar Public Search internet site. If the correction plan or the expected completion dates are not acceptable, you will be contacted in writing or by telephone.

**You are required to post a copy of the Noncompliance Statement and Correction Plan (DCF-F-CFS294) in a conspicuous area near the license so that it is visible to parents. This copy must remain posted until all noncompliances have been verified as corrected and the next DCF-F-CFS294 or DCF-F-CFS785 (Compliance Statement) has been issued. Note: If applicable, do not post the Staff and Child Identification Key. The information on the key is confidential and is meant for your reference only.**

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your feedback: <https://www.surveymonkey.com/r/LicenseFeedback>. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope .

Contact me if you have any questions.

|   |  |   |
|---|--|---|
| <b>Date Correction Plan Due</b><br>5/6/2024 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>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.

|  |   |   |  |                              |
|--|---|---|--|------------------------------|
| <b>Name - Certified Operator / Licensed Center</b><br>Revitalize Life Skills                           |   | <b>Provider Number / Facility ID Number</b><br>4000591294 / 001 - 2006462 |  |                              |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>510 W Meinecke Ave Milwaukee WI 532123141 |   | <b>Telephone Number</b><br>414-736-5447                                   | <b>Date - Regulation Visit</b><br>5/6/2024 |                              |
|  | <b>Rule/Statute Number<br/>Noncompliance Statement</b>  | <b>Correction Plan</b>  | <b>Expected<br/>Completion Date</b>        | <b>Verification<br/>Date</b> |
| 1  | 252.05(1)(b)2.<br><b>License Continuation - Time Frame To Submit Materials</b><br><br>Repeat violation: Previously cited on 11/6/2023 |   |  |                              |

**NAME - Agency Worker**  
Sarah Stormont

Date Issued  
5/6/2024

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

*Rahshenia Walker*

Date Signed  
5/31/2024