

Date Correction Plan Due 7/25/2024	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 Revitalize Life Skills		Provider Number / Facility ID Number 4000591294 / 001 - 2006462	
Address - Facility (Street, City, State, Zip Code) 510 W Meinecke Ave Milwaukee WI 532123141		Telephone Number 414-736-5447	Date - Regulation Visit 7/8/2024
	Correction Plan	Expected Completion Date	Verification Date
<p>1</p> <p>Rule/Statute Number 252.42(1)(a)3.</p> <p>Noncompliance Statement Staff File - Background Check Results</p> <p>Description: There was no documentation of a completed background check for Staff A prior to working with children.</p>	<p>My plan of action going forward is to make sure a background check is completed with an application for employment that ensures results are back before making an offer for hire. A background report has been completed and employee is eligible as of 7/18/2024.</p>	<p>By 7-25-2024</p>	

NAME - Agency Worker
Sarah Stormont

Date Issued
7/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Rahsh Wale

Date Signed

7-18-2024