

Date Correction Plan Due 10/20/24	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 202-445-7999
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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)(b) and (3)(d), DCF 251.04(2)(b) and (3)(d), DCF 252.04(1)(b) and (2)(b). 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. 48.857. 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 0000560660 / 001 - 2005782	
Manifesting A Legacy		Telephone Number 414-899-1692	Date - Regulation Visit 9/12/2024
Address - Facility (Street, City, State, Zip Code) 2838 N 10Th St Milwaukee WI 532063224			
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(5)(a)1.g Child Record - Enrollment Information - Authorized Pickup Description: An authorized person allowed to call for the child, pick up the child, or accept the child who is dropped off, other than the parent, was not observed on file for Child #3.	I will make sure to encourage parents to add a pick up person even if it has to be an out of town family member.	10/20/24
2	250.04(5)(a)4.a Child Record - Physical Exam - Under 2 Description: An initial health examination was not observed on file for Child #1.	I will make an example file to cross check kid file to help me be sure all paperwork has been returned.	10/20/24

Name - Certified Operator / Licensed Center Manifesting A Legacy		Provider Number / Facility ID Number 0000590660 / 001 - 2005782	
Address - Facility (Street, City, State, Zip Code) 2836 N 10Th St Milwaukee WI 532063224		Telephone Number 414-899-1692	Date - Regulation Visit 9/12/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.05(3)(e)2 Provider Training - Current Cpr Certificate Description: A complete and current infant/child CPR/AED certificate was not observed on file for Staff A. Repeat violation: Previously cited on 9/27/2023	I will do my Cpr training in person to be sure both parts of the training gets completed on my day off	10/20/24	

NAME - Agency Worker
Crescenta Sabree

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued
10/9/2024

Date Signed
10/20/24

DCP 2-02/03/04 (10/2011)