DEPARTMENT OF CHILDREN AND FAMILIES

STATE OF WISCONSIN

Date Correction Plan Due	**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 202.065, DCF 250.04(2)(l) 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		**Provider Number / Facility ID Number**	
Kingdom Purpose Childcare		1000593261 / 001 - 2008296	
Address - Facility (Street, City, State, Zip Code) 5525 N 42Nd St Milwaukee WI 532094628	**Telephone Number** 414-350-3473	**Date - Regulation Visit** 6/25/2026	

	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	250.05(4)(a)15. **Staff Orientation - Review Of Background Check Law** Description: Staff Orientation Review Of Background Check Law not verified for Staff B.	Finger print for backup provider was completed July 6th the average return time is 30days to be recieved back. one Recieved I will print a copy for her file. A Preliminary background check is a pass and in her file.	8-7-2026	
2	250.05(4)(b) **Emergency Back-Up Provider - Orientation** Description: Emergency Back Staff Orientation not verified for Staff B.	I have completed this with the back up provider on 6/25/24 this has been added to her file.	6/25/24	

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5525 N 42Nd St Milwaukee WI 532094628	414-350-3473	6/25/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(4)(b)5. **Emergency Back-Up Orientation - SIDS Risk Reduction Procedures** Description: Emergency Back-Up Orientation SIDS Risk Reduction Procedures not verified for Staff B.	This was completed by the back up provider and added to her file on 6/25/24.	6/25/24	

NAME - Agency Worker
Tammy Saffold

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/7/24