

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
10/11/2024

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 **Provider Number / Facility ID Number**
 Pristine Child Care Center LLC 1000563431 / 001 - 1007100

Address - Facility (Street, City, State, Zip Code) **Telephone Number**
 1850 N Martin Luther King Dr Milwaukee WI 53212 414-374-9070

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)3.a. Staff Record - Physical Examination Description: There is no documentation of a physical for Staff B indicating that she physically and illness free is able to work with children.	Staff has a month to get a physical health check.	10/30/2024	
2 251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: There is no documentation of an orientation for Staff A who has been employed for more than a week.	Form will be added to staff file demonstrating orientation to program.	09/18/2024	

NAME - Agency Worker
Sara Cooney, Maureen Slatten

Date Issued
9/17/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee


Date Signed
09/18/2024