

Date Correction Plan Due 11/11/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
--	--	--------------------------

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 Janina's House Of Love Llc	Provider Number / Facility ID Number 7000589587 / 001
---	--

Address - Facility (Street, City, State, Zip Code) 5719 W Brooklyn Pl Milwaukee WI 532163140	Telephone Number 414-343-9740	Date - Regulation Visit 10/22/2025
---	----------------------------------	---------------------------------------

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>202.08(1)(b)3.d. Each Certified Operator And Each Provider Shall Comply With S. 48.651 And Obtain And Recertify As Necessary To Maintain Current Certification In Infant And Child Cardiopulmonary Resuscitation (Cpr). The Cpr Training Must Result In A Certificate Of Completion. If The Certificate Of Completion Does Not Have A Date Specifying The Length Of Time For Which It Is Valid, The Cpr Training Must Be Renewed Every Year.</p> <p>Description: The operator's CPR was expired as of 7/24/2025 and she did not have a current CPR certification until 9/25/2025.</p>	<p>Provider was closed during time of CPR expiring. Provider contacted certification specialist when she realized it needed to be updated. CPR was updated prior to visit on 9/25/2025.</p>	9/25/2025	

Name - Certified Operator / Licensed Center

Janina's House Of Love Llc

Provider Number / Facility ID Number

7000589587 / 001

Address - Facility (Street, City, State, Zip Code)

5719 W Brooklyn Pl Milwaukee WI 532163140

Telephone Number

414-343-9740

Date - Regulation Visit

10/22/2025

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

2 202.08(2)(f)
The Premises, Furnishings, And Equipment Shall Be Free From Litter And Vermin, Maintained In A Sanitary Condition, And In Good Repair.

Description: The basement that is used for tornado shelter/drill had clothes scatter on the floor and in piles, clothes hangers were hung on a rope and there were no designated space for tornado shelter.

Provider contacted downstairs neighbor to remove the clothes, and hangers were removed. Provider has been closed, and neighbor wasn't aware that provider was back in operation at the time.

10/22/2025

3 202.08(4m)(a)2.
The Emergency Plan Under Subd. 1. Shall Be Reviewed Periodically And Practiced As Specified In The Plan.

Description: The emergency plan was not reviewed periodically and practiced as specified in the plan.

At time of visit no children were present. Basement was brought back up to compliance 10/22/2025.

10/22/2025

Provider created a checklist to ensure basement is in compliance, and designated space for drills is clear.

NAME - Agency Worker

Lou Thao

Date Issued

10/28/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Ms. Chanssa Griffin

Date Signed

10/31/2025