

From: Field's Of Joy <fieldsofjoyllc@yahoo.com>

Sent: Thursday, April 25, 2024 9:25 AM

To: Thompson, Tameka C - DCF [4C for Children Milwaukee] <tameka.thompson@wisconsin.gov>

Subject:

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DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due 4/18/2024	NONCOMPLIANCE
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Use of Form: This form is used by certification / licensing staff and (2)(k). Failure to submit an appropriate correction plan by may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the date(s) for each item. Return the original to your certification noncompliance statement and correction plan near the license penalty pursuant to Wis. Stat. 48.715. If the department decides notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Field's Of Joy Childcare	
Address - Facility (Street, City, State, Zip Code) 2354 N 16Th St Milwaukee WI 532062009	
	Rule/Statute Number Noncompliance Statement
1	250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: There is no emergency contact on file for Child #5 than the parent or guardian.
2	250.04(6)(a)1m.e. Child Record - Health History - Medical Conditions Description: The Health History and Care Plan was observed incomplete for Child #5. Food allergy was not listed but the symptoms to care for food allergies was listed.

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. Meet the requirements of DCF 202.065, DCF 250.04(2)(j) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools

Identify the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Describe the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date and / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the correction plan in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty. If you fail to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a

Provider Number / Facility ID Number
9000591509 / 001 - 2006706

Telephone Number	Date - Regulation Visit		
414-616-1998	3/27/2024		
Correction Plan	Expected Completion Date	Verification Date	
icy Child #3 other	I plan to have the Parent fix and write another Emergency contact Person other than her Self	4-1-2024	
erved iggers and	The mother will add what the child lists of food they can not have	4-1-2024	

Name - Certified	
Field's Of Joy C	
Address - Facility 2354 N 16Th St	
No.	
3	250.04(6)(i) Child Rece Description Child #3, at
4	250.04(6)(b) Current, Ac Description: children were own 3 childre
5	250.05(2)(b) Staff File - B Description: T stating that St
6	250.05(2)(c) Staff File - Day Description: Pr not signed in d

Operator / Licensed Center Childcare		Provider Number / Facility ID Number 9000591509 / 001 - 2006706	
(Street, City, State, Zip Code) Milwaukee WI 532062009	Telephone Number 414-616-1998	Date - Regulation Visit 3/27/2024	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
a)4m. Record - Immunization History Compliance There was no immunization records on file for Child #1, and Child #5.	I will inform the parents to child 1, 3, #5 they have to give me the form for the immunization History Papers to be added to the Childs File	5-6-2024	
b) Accurate Daily Attendance Record The attendance was observed inaccurate there was 8 present and only 3 children were signed in. Providers were not signed in.	I will make sure to have every last Child that's at the Center to be Record on the daily Attendance Sheet and I did Fix it	3-27-2024	
c) Background Check Results There was no preliminary or final eligibility documentation Staff B is eligible to work in the program.	Staff B was notified that a background check Needed to be done Staff B has done her background check An is in her File	4-17-2024	
d) Providers, Hours Worked Providers actual hours worked were not accurate provider during visit while working with children.	Staff B I will make sure to sign in and out on my self while working with children I did add my self and Fixed what I did	3-27-2024	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

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9000591509 / 001 - 2006706

Address - Facility (Street, City, State, Zip Code)
2354 N 16Th St Milwaukee WI 532062009

Telephone Number
414-616-1998

Date - Regulation Visit
3/27/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
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7	250.05(3)(b) Provider - Entry-Level Training Description: There is no evidence of entry level training on file for Staff B.	Staff B trainings was printed out in add to her files	5-30-2024	
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8	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: There is no evidence of Biennial Child Abuse and Neglect on file for Staff B.	Staff B paid for her Child Abuse & Neglect training and will be add to her file once the training is over may 6th	5-7-2024	
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9	250.05(4)(a) Staff Orientation - Documentation Description: There is no orientation on file for Staff B.	Staff B going to Finish her orientation paper that's in her file	5-1-2024	
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10	250.06(2)(a) Electrical Or Hot Surface Protection Description: Electrical outlet observed uncovered in play space.	I will check every day and night to make sure outlet is covered. I did fix it and put the cover back in	3-27-2024	
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2354 N 16Th St Milwaukee WI 532062009

Telephone Number

414-616-1998

Date - Regulation V

3/27/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
11	250.06(2)(c) Access To Materials Potentially Harmful To Children Description: There was a power tool (Drill) accessible on the kitchen counter. There was over the counter medication accessible on the kitchen counter.	I will not have the power drill out in the kitchen. I made sure it was put up and locked up were no child gone be around	3-27-2024
12	250.06(9)(j) Meals & Snacks - Records Description: Provider was not able to provide 3 months of menus for review.	I did make 3 months of menus is done so I will make sure for now on the menus are done	3-27-2024
13	250.07(6)(h)2. Washroom Provisions Description: There was no paper towel available in the bathroom.	I didn't have paper towel but I made sure I put and buy alot so that I don't run out	3-27-2024

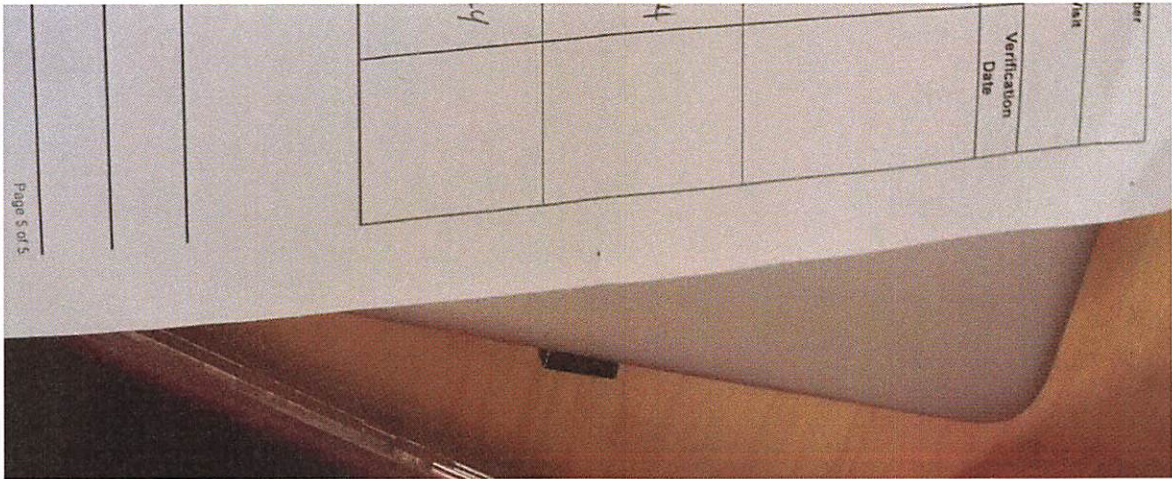
NAME - Agency Worker
Tameka Thompson, Crescenta Sabree

Date Issued
4/4/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

4/15/24



[Yahoo Mail: Search, Organize, Conquer](#)