DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
4/22/2026		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)(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
Jojos Adventurous Child Care		4000592784 / 001 - 2007900
Address - Facility (Street, City, State, Zip Code) 2416 N 23Rd St Milwaukee WI 532061524	**Telephone Number** 414-629-4984	**Date - Regulation Visit** 4/1/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(7)(b)3. **Access To Records - Licensing Representative** Description: ILS was not able to verify a employee file for staff B.	Employ file will All ways be Available to license Specialist	4-3-26	
2	250.05(2) **Staff File - Maintenance & Availability** Description: ILS was not able to view a completed Staff File for Staff C.	A completed staff file will Be available for license to Review	4-3-26	

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3	250.05(2)(a) **Staff File - Staff Record Form** Description: The ILS was unable to verify all the required information was on file for Staff C Repeat violation: Previously cited on 9/22/2025	I will make sure All Required information is Available for license to Review	4-3-26	
4	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: ILS was not able to verify completion of Child Abuse and Neglect training prior to starting to work with children for Staff C. Repeat violation: Previously cited on 9/22/2025	I will Make Sure All Staff have Required Child Abuse and neglect training Prior to starting work	4-3-26	
5	250.05(3)(g) **Provider Training - Abusive Head Trauma** Description: ILS was not able to verify AHT training for Staff C. Repeat violation: Previously cited on 9/22/2025	~~Staff~~ Staff has it and I will make sure that its on file to license to view	4-3-26	
6	250.05(4)(a) **Staff Orientation - Documentation** Description: ILS was not able to verify a completed Staff Orientation for Staff C.	Staff has It	4-3-26	

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7	250.06(1)(b)4. **Toilets & Sinks** Description: ILS tested water in bathroom used for children and it registered at 130 degrees Fahrenheit.	Water temp was Reduced	4-1-26
8	250.06(4)(a)3. **Smoke Detectors - Testing** Description: ILS was not able to verify testing of Smoke Alarms for the month of March 2026. Repeat violation: Previously cited on 2/10/2026	Smoke alarm was tested and Recorded on saftey and emergancy documents	4-1-26

NAME - Agency Worker
Tammy Saffold

Date Issued
4/8/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
4-3-26