

Date Correction Plan Due 7/2/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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.

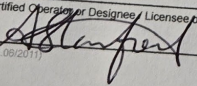
Name - Certified Operator / Licensed Center Cheryl's Palace		Provider Number / Facility ID Number 1000566201 / 002		
Address - Facility (Street, City, State, Zip Code) 6653 N 42Nd St Milwaukee WI 532093010		Telephone Number 414-322-8880	Date - Regulation Visit 6/18/2025	
	Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
1	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. Description: The operator does not have a current CPR certificate.	I am going to sign up for a cpr class for this year.	12/1/2025	

Name - Certified Operator / Licensed Center Cheryl's Palace		Provider Number / Facility ID Number 1000566201 / 002	
Address - Facility (Street, City, State, Zip Code) 6653 N 42Nd St Milwaukee WI 532063010		Telephone Number 414-322-8880	Date - Regulation Visit 6/18/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>2 202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children.</p> <p>Description: Items marked keep out of reach of children were accessible in the bathroom. A power strip had several uncovered outlets.</p>	<p>① I was cleaning up that day so the items were out, but I put them in the locked closet.</p> <p>② I put covers in the open outlet on the extension tv cord.</p>	<p>6/19/2025</p> <p>6/19/2025</p>	
<p>3 202.09(4m)(a)1. An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</p> <p>Description: The emergency care plan did not include information for fire, flood, extreme outdoor heat or cold, loss of building services, human caused events, allergic reactions, lost or missing children, and the provider's family situation or other circumstances requiring immediate action.</p>	<p>The licenser stated that she would send me an email regarding how to complete this because I had an emergency plan but it didn't have all the components listed. So, I will do another one.</p>	<p>9/11/2025</p>	

Name - Certified Operator / Licensed Center Cheryl's Palace		Provider Number / Facility ID Number 1000566201 / 002	
Address - Facility (Street, City, State, Zip Code) 6653 N 42nd St Milwaukee WI 532083010		Telephone Number 414-322-8880	Date - Regulation Visit 6/18/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Deborah Kersting

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Issued
6/18/2025

Date Signed
6-30-2025