

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
10/3/2025

TO FILE A COMPLAINT CALL
608-422-6765

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	
Faith's Little Friends		8000572148 / 001 - 1004220	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
2116 Mineral Point Ave Janesville WI 535483455		608-754-9336	9/15/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B, C, and D did not have documentation on file of current infant/child CPR training as required. Repeat violation: Previously cited on 9/25/2024	Staff B, C, and D have CPR Completed. It was in another folder. They now are in their correct folders.	9/16/25	
2 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff B, C and D did not have documentation of completed Child Abuse and Neglect Prevention training on file as required. Repeat violation: Previously cited on 6/18/2024	Staff B, C, and D have Child Abuse & Neglect Prevention Trainings Completed. They were placed in another folder. They are now in their right folder.	9/30/25	

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	Rule/Statute Number	Correction Plan	Expected Completion Date
	Noncompliance Statement		
3	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log book was not reviewed every 6 months as required.	All classroom medical log books are reviewed one up to date. They will be checked every 6 months.	9/16/25
			Verification Date

NAME - Agency Worker
Jenny Sweeney

Date Issued
9/19/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Jenny Sweeney
9/30/2025