

Date Correction Plan Due 10/22/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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.

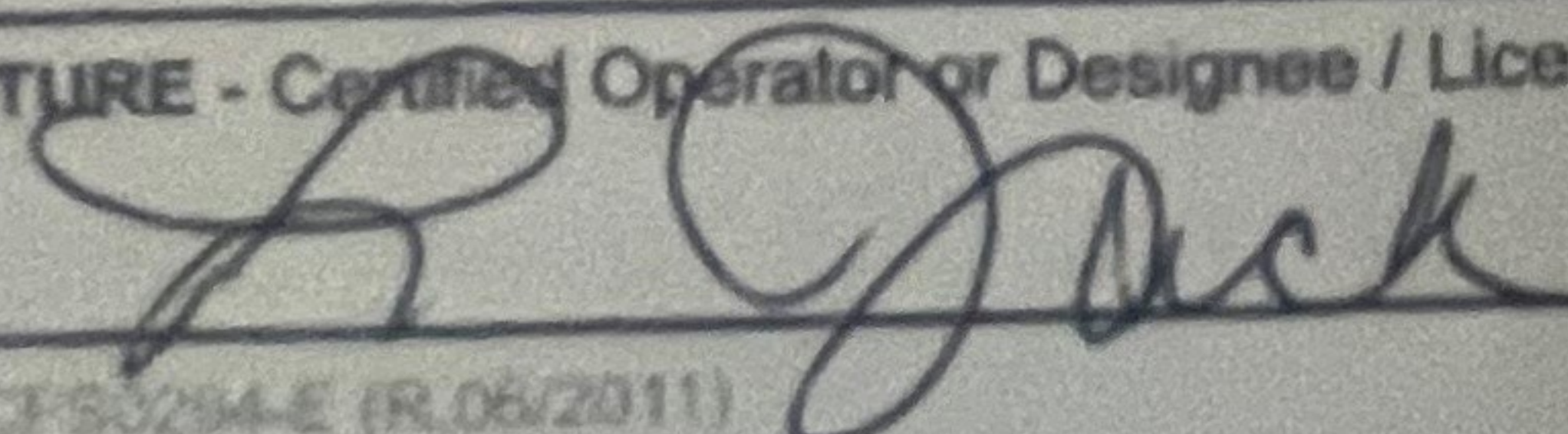
Name - Certified Operator / Licensed Center Little Joys Of Life		Provider Number / Facility ID Number 4000581924 / 001 - 1011338	
Address - Facility (Street, City, State, Zip Code) 3402 N 23Rd St Milwaukee WI 532061814		Telephone Number 414-226-6518	Date - Regulation Visit 9/30/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(2)(g) Liability Insurance If Dogs Or Cats Are Accessible Description: IL was not to verify liability for the pet onsite and accessible to children in care.	Provider created a file folder for pets and added liability insurance.	10/08/2024
2	250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: Child 1 was missing the emergency contact information on the enrollment form.	Provider had parent to complete emergency contact information on enrollment form	10/08/2024

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	250.08(2) Permission And Emergency Information Description: IL was not able to view transportation permission forms for children currently using the service.	Provider completed forms and parents signed for each child using the service.	10-08-2024

NAME - Agency Worker
Tammy Saffold

Date Issued
10/7/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10-8-2024