

Date Correction Plan Due 5/20/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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 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 4/16/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(g) Liability Insurance If Dogs Or Cats Are Accessible Description: The insurance for the cat and dog which is accessible to children does not indicate the number of children covered. Repeat violation: Previously cited on 9/30/2024	Insurance has been updated to indicate amount of children covered.	6/20/2025	
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 3 who is under two years of age does not have a physical on file within the last 6 months. The last physical on file is dated 6/27/24.	Child now has physical that is updated in file	6/20/2025	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Little Joys Of Life		4000581924 / 001 - 1011338		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
3402 N 23Rd St Milwaukee WI 532061814		414-226-6518	4/16/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>250.04(6)(b) Current, Accurate Daily Attendance Record</p> <p>Description: 7 children are present at the time of the visit. None of them are signed in on attendance sheet.</p> <p>On 4/15/25 7 children are signed in on that attendance but there is no departure time for the 7 children.</p>	<p>All children were signed in with accurate time from text messages and all children were signed out on both dates 4/15/2025 4/16/2025.</p>	6/20/2025	
4	<p>250.05(2)(b) Staff File - Background Check Results</p> <p>Description: Staff A who is said to have been employed at the center since June 2024 does not have caregiver background check eligibility to work at a childcare.</p> <p>This has been corrected.</p>	<p>As noted, this has been corrected and updated in file.</p>	6/20/2025	
5	<p>250.05(2)(c) Staff File - Days, Hours Worked</p> <p>Description: There is no documentation of staff days and hours worked to meet ratio for 4/15/25 and 4/16/25.</p>	<p>Hours added on back of daily attendance for staff that worked on 4/15/25 and 4/16/25</p>	6/20/2025	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Little Joys Of Life		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 4/16/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6	250.05(2)(d)1. Staff File - Physical Examination - Form Description: Staff B does not have documentation of a physical on file.	Physical is scheduled for staff B and will be placed in file	6/20/2025	
7	250.05(3)(b) Provider - Entry-Level Training Description: Staff A does not have the education qualifications to be a childcare provider.	Staff A is enrolled in Classes that start 6/5/2025	6/20/2025	
8	250.05(3)(e)1. Provider Training - Obtain Cpr Certificate Description: Staff A and Staff B do not have documentation of training in CPR/AED.	Staff has obtain cpr/aed and placed in file.	6/20/2025	
9	250.05(4)(a) Staff Orientation - Documentation Description: Staff A and Staff B do not have documentation of having had an orientation within 1 week of hire.	Staff has documentation for emergency back-up person and staff has documents to be assistant teacher all files updated	6/20/2025	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Little Joys Of Life		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 4/16/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
10	250.055(1)(L) Procedure - Number, Names, Whereabouts Known At All Times Description: There was no child tracking for the 7 children who were in attendance today 4/16/25. The center uses the attendance sheets to meet the child tracking rule.	All children were counted for and added to attendance to meet child tracking rule 4/16/2025	6/20/2025	
11	250.06(2)(c) Access To Materials Potentially Harmful To Children Description: There is a can of Lysol spray in the bathroom and a bottle of bleach sitting on the floor by the back door. Both of these were accessible to children and state "keep out of reach of children." The can of Lysol was removed, and a gate was put up so the bleach was not accessible to children during the visit.	All potential harmful to children has been put up away from children Lysol spray was in bathroom because staff had just sprayed down bathroom and was right there with child when liscensor was present for visit.	6/20/2025	
12	250.06(4)(a)1. Smoke Detectors Description: There is a chirping smoke detector which indicates it is not in good operating condition.	It was a chirping Carbon and all batteries has been changed and detectors back in place.	6/20/2025	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Little Joys Of Life		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 4/16/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
13	250.07(7)(f) Pets & Animals - Food Area Restrictions Description: The family dog was walking around kitchen while lunch was being prepared. A bowl of dog food is located on the floor in the kitchen accessible to children in kitchen	All pets and food put away in back from children and where food is prepared.	6/20/2025	
14	250.08(2)(b) Emergency Information In Vehicle - Parent Contact Description: One of the transportation permission forms for a child who is transported does not any emergency contact information for someone other than the parent to be reached in case of an emergency.	Parent added emergency contact	6/20/2025	
15	250.08(2)(c) Emergency Information In Vehicle - Health Care Provider Contact Description: One of the transportation permission forms for a child who is transported does not have any health care provider contact information.	Healthcare Provider was added to transportation	6/20/2025	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Little Joys Of Life

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

4/16/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
16	<p>250.08(2)(d) Emergency Information In Vehicle - Emergency Medical Consent</p> <p>Description: On of the transportation permission forms for a child who is transported does not indicate yes or no for consent for emergency medical care.</p>	<p>Emergency medical consent form was updated for yes</p>	<p>6/20/2025</p>	
17	<p>250.08(5)(b) Vehicle Inspection Form</p> <p>Description: There is no vehicle inspection form for the Black Lincoln car that was used to provide center transportation on 4/4/25.</p>	<p>Vehicle is no longer with the childcare Vehicle was used for emergency when approved vehicle had issues.</p>	<p>6/20/2025</p>	
18	<p>250.09(1)(c)5. Infant & Toddler - Use Of Safety Gates</p> <p>Description: There is no gate at the open stairwell to basement and children under the age of 2 were present.</p>	<p>Saftey gates are provided at all entrance where children are present</p>	<p>6/20/2025</p>	
19	<p>250.09(2)(c) Infant & Toddler - Sleep Position</p> <p>Description: A child was observed sleeping in bouncy seat.</p> <p>The child was eventually moved to a crib.</p>	<p>Child was removed right away and placed in crib</p>	<p>6/20/2025</p>	

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 4/16/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date

NAME - Agency Worker
Sara Cooney, Maureen Slatten

Date Issued
5/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
06/20/2025