

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

Date Correction Plan Due
 1/28/2025

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)(f) 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
 4000589684 / 001

Pj's Child Care

Telephone Number
 414-313-0674

Date - Regulation Visit
 1/14/2025

Address - Facility (Street, City, State, Zip Code)
 5281 N 67Th St Milwaukee WI 532183018

Correction Plan

Expected Completion Date

Verification Date

Rule/Statute Number
 Noncompliance Statement

1

202.08(12)(f)1-4

The enrollment forms for child #2, #4, #6, #7 are complete

01/15/2025

Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following:
 1. The Parents' Home And Work Phone Numbers.
 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan.
 3. The Parents' Signed Consent For Emergency Medical Care.
 4. A Name And Number To Call If The Child Requires Emergency Medical Care.

Description: The Enrollment forms for children #2-#4 and #6-#7 are incomplete.

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Telephone Number
414-313-0674

Date - Regulation Visit
1/14/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(2)(m)1. Pets In The Home Shall Be Tolerant Of Children And Vaccinated Against Rabies. The Rabies Vaccination Shall Be Documented With A Current Certificate From A Veterinarian. Description: Family dog's rabies vaccine has expired.	Family dog has a schedule appointment on Monday 01/26/25	01/20/25	
3 202.08(4)(a)2. For A Child 2 Years Of Age Or Older, A Report Of A Physical Examination Conducted Not More Than 2 Years Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 2 Years Thereafter Description: There was no health report on file child #1 on the Child Record Checklist.	Child #1 will have health report on file.	01/17/25	

NAME - Agency Worker
Jean Houston

Date Issued
1/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

01/14/2025