

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL

Date Correction Plan Due  
5/18/2026

**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 Pj's Child Care		Provider Number / Facility ID Number 4000589684 / 001	
Address - Facility (Street, City, State, Zip Code) 5281 N 67Th St Milwaukee WI 532183018		Telephone Number 414-313-0674	Date - Regulation Visit 4/30/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(12)(f)1-4 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/Health History forms for children #1-#4 were incomplete.	The enrollment / Health forms for Children #1 + #4 are completed.	05/05/26	

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4000589684 / 001

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Correction Plan

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Rule/Statute Number  
Noncompliance Statement

2 202.08(2)(ar)  
**The Home Shall Have A Functional Smoke Detector On Each Floor Level In Accordance With The Requirements Of S. 101.645, Stats.**  
  
 Description: There was no working smoke detector in the basement.

The batteries are replace in the smoke detector in the basement

05/05/26

3 202.08(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.**  
  
 Description: A hazard was observed in the bathroom.

The hazard has been corrected by using a safety plug protector.

05/05/26

4 202.08(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 for child #2.

There is a health report on file for child #2

05/05/26

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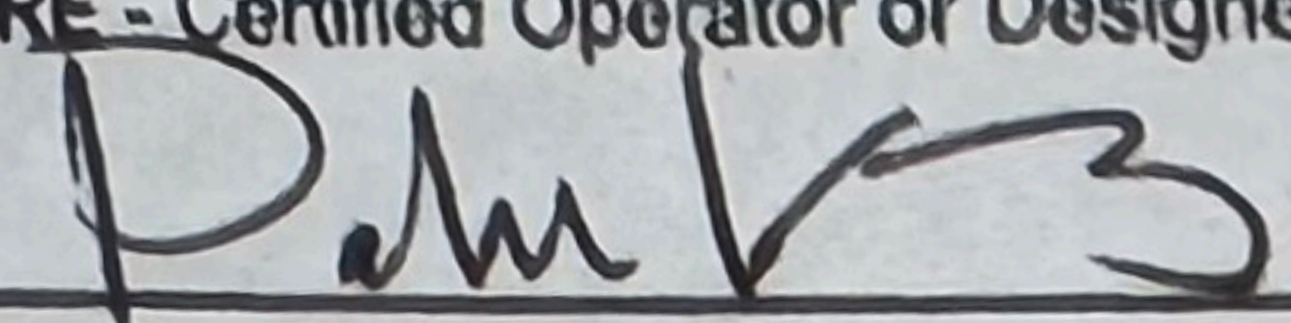
Verification  
Date

Rule/Statute Number  
Noncompliance Statement

NAME - Agency Worker  
Jean Houston

Date Issued  
5/4/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

05/05/2026