

Date Correction Plan Due 5/2/2024	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 Japhet's Little Angels		Provider Number / Facility ID Number 9000590369 / 001 - 2006466		
Address - Facility (Street, City, State, Zip Code) 4457 W Leon Ter Milwaukee WI 532162428		Telephone Number 414-736-5279	Date - Regulation Visit 4/11/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: There was no emergency contact information on file for child #1.	The section titled "Emergency Contact" was correctly filled in. Moving forward, I will make sure that all fields specifically "Emergency Contact" is looked over to insure it isnt blank.	04/23/24	
2	250.04(6)(a)2. Child Record - Field Trip Permission Description: Field trip/other off site activity participation authorizations observed incomplete for Child #2 and Child #3	Child #2 and #3 field trip section was correctly filled in. Moving forward, all sections specifically "field trips" will be double checked to insure it is no missing information.	04/23/24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	250.05(3)(e)1. Provider Training - Obtain Cpr Certificate Description: Provider A did not have a CPR/AED certificate on file.	I successfully registered for my Cpr/AED with Red Cross. Moving forward, I will make myself aware of all renewal dates to insure my CPR/AED is up to date.	04/30/2024
4	250.07(3)(a)4. Play Equipment - Condition Description: Swing in play space observed broken and not in good condition.	The swing in the play space was fixed and is now in good condition. Moving forward, I will make sure all equipment is in good standing.	04/23/2024

NAME - Agency Worker
Tameka Thompson

Date Issued
4/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

A. Rele Miles

Date Signed

4/23/2024