Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/16/2026		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 202.085, 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	Provider Number / Facility ID Number
God's Journey	2000581212 / 001 - 1010663

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2503 N 46Th St Milwaukee WI 53210	414-445-9415	7/2/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(b) **Current, Accurate Daily Attendance Record** Description: The attendance record did not include the children□s birthdates.	Add birth dates.	7-5-2026	
2	250.05(2)(f) **Staff File - Continuing Education** Description: There was no documentation of 15 hours of continuing education for 2025.	I was told i could use all my collage credit. which didn't expired. until year 2026. Will do 15 hours for Year of 2026.	7-15-2026	

Name - Certified Operator / Licensed Center			Provider Number / Facility ID Number	
God's Journey			2000581212 / 001 - 1010663	
Address - Facility (Street, City, State, Zip Code) 2503 N 46Th St Milwaukee WI 53210		**Telephone Number** 414-445-9415	**Date - Regulation Visit** 7/2/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.07(6)(f)5. **Current Authorizations For Medications On Premises** Description: The authorization on file for a child□s medication did not include an end date. Repeat violation: Previously cited on 8/20/2024	The end date was on medication. MOM adding it to Form.	7-6-2026	

NAME - Agency Worker
Katrina Tarantino

Date Issued
7/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Gail Hayes

Date Signed
7-20-2026