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Wisconsin Department of Public Instruction Child and Adult Care Food Program					
Record	Week of:	10-Feb-25	Preparer:	Darnesha Jude	
Monday			Amounts	Amounts To	
Projected Participants	Component	Foods to be served	Required	Be Prepared	Comments <sup>4</sup>

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 2/20/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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)(l) 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.

<b>Name - Certified Operator / Licensed Center</b> Jungle Gems Child Care Center	<b>Provider Number / Facility ID Number</b> 7000591747 / 001 - 2006948
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<b>Address - Facility (Street, City, State, Zip Code)</b> 5613-15 W Hampton Ave Milwaukee WI 532185043	<b>Telephone Number</b> 414-231-3341	<b>Date - Regulation Visit</b> 1/30/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.a. <b>Child Record - Physical Exam - Under 2</b>  Description: Child 3, under the age of two, did not have documentation of a physical exam completed within the previous six months.	I will have the parent to get a updated physical exam	2/28/25	
2	251.04(6)(a)8.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Children 1 and 2 did not have documentation of a physical exam completed within the previous two years.	I will have the parent to get a updated physical exam	2/28/25	

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Address - Facility (Street, City, State, Zip Code) 5613-15 W Hampton Ave Milwaukee WI 532185043		Telephone Number 414-231-3341	Date - Regulation Visit 1/30/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff A and B's documentation of training in child abuse & neglect laws, identification, and reporting was expired.	This was completed upon visited	2/10/25	
4 251.055(1)(f) <b>Child Tracking Procedure</b>  Description: Tracking was not accurate when one child was taken to the infant room for a diaper change, and the tracking was not updated to show the movement of the child. Tracking was not carried with the staff person completing the diaper change or later when staff took groups of children to the bathroom.	I will make sure that the teacher will keep sign in and out sheets everytime she changes rooms	2/10/25	
5 251.09(4)(b) <b>Infant &amp; Toddler - Sinks In Self-Contained Area</b>  Description: During the visit, toddlers were cared for in a room without a sink.	I make sure that toddlers be in a room with a sink	2/10/25	

NAME - Agency Worker  
Cindy Matuszak

Date Issued  
2/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*Darneesha Jude*

Date Signed  
2/10/25