

Date Correction Plan Due
5/6/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-445-7600

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 203.065, DCF 250.042(5) and (3)(5), DCF 251.042(5), and (3)(5), DCF 252.41(1)(b), and (2)(b). 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. The 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Jungle Game Child Care Center

7000591747 / 001 - 2006948

Address - Facility (Street, City, State, Zip Code)

5813-15 W Hampton Ave Milwaukee WI 532180443

Telephone Number

414-231-3341

Date - Regulation Viol

3/28/2025

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

251.07(6)(1)a.

Medication Administration - Parent Authorization

Description: The center did not have authorization from the parent for an ointment that was applied to a child.

I will my sure parent
complete authorization
form to apply
medicence or ointment

3/31/25

3/31/

NAME - Agency Worker

Dindy Maluszak

Date Issued

4/18/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

4/22/25