DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
5/12/2026		262-446-7800

See all 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 202.068, DCF 250.04(2)(d) and (3)(f), DCF 251.04(2)(L) and (3)(f), DCF 252.41(c)(6), nd (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 ay 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
Jungle Gems Child Care Center	7000691747 / 001 - 2000948

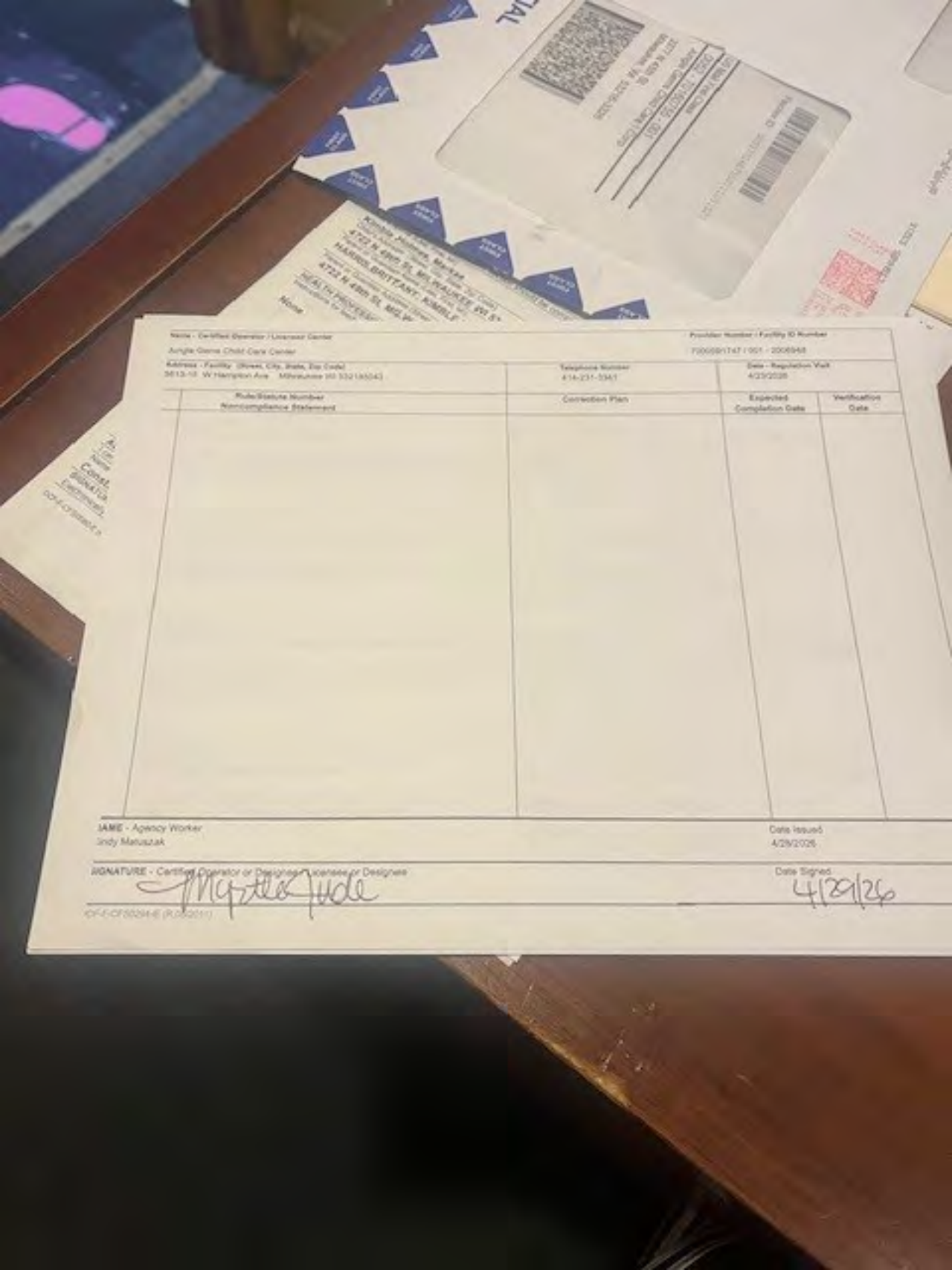
Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
5613-15 W Hampton Ave Milwaukee WI 532185043	414-231-3341	4/23/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(b) **Report - Damage To Premises** *Description: The center did not report water damage occurring at the center. Damage to the premises impacting the center is required to be reported within 24 hours of the occurrence.*	I will make sure I report all damages within 24 hours	4/29/26	
2	251.04(3)(L) **Report - Construction Or Remodeling** *Description: The center did not report construction occurring at the center. Notification of construction is required in writing before construction begins.*	I will make sure I report any Construction done to the building	4/29/26	

CFN-CCS2046-E (R.04/2011)

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Jungle Gems Child Care Center		7000591747 / 001 - 2000945
Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
5613-15 W Hampton Ave Milwaukee WI 532165043	414-231-3341	4/23/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: During the visit, staff hours when staff were included in staff-to-child ratio were not complete when no staff had documented their times in each classroom.	I will have all staff to document hours	4/29/26	
4	251.05(4)(c)9. **Continuing Education - Documentation Of 12 Month Period** Description: Staff A, B, D, and E did not have documentation on file of having completed 15 hours of continuing education in 2025.	I will have staff to document hr of continuing education	4/29/26	
5	251.07(4)(c) **Naps Or Rest Periods - Sleeping Surfaces - Children Under 1** Description: During the visit, the infant room did not have two cribs available in the room for the two children under the age of one in care. This violation was corrected during the visit.	I will make sure cribs are in place For all infants	4/23/26	
5	251.07(8)(dm)4. **Medical Log - Reviewing Injury Records** Description: The medical log book did not have documentation a review of entries had occurred in the previous six months.	I will update medical log book every 6 months	4/23/26	



Name - Certified Operator / Licensee Center
Jungle Gems Child Care Center

Provider Number / Facility ID Number
700089747 / 001 - 2008948

Address - Facility (Street, City, State, Zip Code)
3613-15 W Hampton Ave Milwaukee WI 53218-5043

Telephone Number
414-231-3341

Date - Regulation Visit
4/29/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Jody Matuszak

Date Issued
4/29/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
4/29/26

CF-F-CF5025-E (R.05/2011)