DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

RECEIVED
STATE OF WISCONSIN
JUL 22 2026
SOUTHEASTERN REGIONAL OFFICE
DCF DECE SECR

STATE OF WISCONSIN

Date Correction Plan Due 7/21/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 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 202 065, 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		**Provider Number / Facility ID Number**	
Born As Angels Academy		9000574929 / 001 - 1006313	
Address - Facility (Street, City, State, Zip Code) 2440 W Atkinson Ave Milwaukee WI 532096625	**Telephone Number** 414-871-4310	**Date - Regulation Visit** 6/26/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4 a. **Child Record - Physical Exam - Under 2** Description Child 4, under the age of two, did not have documentation of a physical exam completed within the previous six months.	MAKE SURE PARENT GIVE DOCTOR COMPLETE PHYSICAL EXAM	8.15.26	
2	250 04(6)(a)5 **Child Record - Consent For Emergency Medical Treatment** Description: Child 2 did not have documentation on file of consent from the parent for emergency medical treatment.	HAVE PARENT COMPLETE DOCUMENTS	7.3.26	

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Born As Angels Academy	9000574929 / 001 - 1006313

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2440 W Atkinson Ave Milwaukee WI 532096625	414-871-4310	6/26/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250 06(2)(m) **Premises - Condition & Repair** Description Garbage was observed in the outdoor play space Repeat violation. Previously cited on 6/24/2025	Pick up All Garbage	7-3-26	
4	250 07(3)(a)4 **Play Equipment - Condition** Description: The play kitchen equipment in the the bedroom was damaged and dirty Repeat violation: Previously cited on 6/24/2025	Fix kitchen equipment	8/15/26	
5	250.07(6)(f)5. **Current Authorizations For Medications On Premises** Description. A medication at the center did not have a current authorization from the parent available for review	Put Medication Authorization	7-3-26	

NAME - Agency Worker
Cindy Matuszak

Date Issued
7/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7-8-26