Date Correction Plan Due 11/25/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	*TO FILE A COMPLAINT CALL 262-446-7972*

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 202.055, DCF 250.04(3)(f) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (3)(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. 48.687. 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
Theresa's Little Angels	6000576246 / 002 - 2007601

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
8021 W Cheyenne St Milwaukee WI 532244849	630-881-2308	11/4/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(v) **Staff File - Days, Hours Worked** **Description:** Staff hours were not entered for the week of the visit.	Staff hours will be kept in a designated, easily accessible location to ensure all required documentation is available for review during future licensing visits. Records will be reviewed regularly to ensure they are properly organized and readily accessible.	11/11/2026	
2	250.05(2)(c) **Access To Materials Potentially Harmful To Children** **Description:** Thistles with sharp thorns were observed in the outdoor play space.	The thistles will be removed from the outdoor play area, and the space will be inspected to ensure all sharp or potentially hazardous plants are eliminated. I will conduct regular outdoor safety inspections to identify and remove any hazards before children use the play area.	11/11/2026	

Name - Certified Operator / Licensed Center			
Theresa's Little Angels		Provider Number / Facility ID Number 6000578246 / 002 - 2007801	
Address - Facility (Street, City, State, Zip Code) 8621 W Cheyenne St Milwaukee WI 532244849	Telephone Number 630-881-2308	Date - Regulation Visit 11/4/2026	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.06(4)(a)1. **Smoke Detectors** Description: A smoke detector was heard chirping during the visit, indicating the battery needed to be replaced. Corrected during the visit.	The smoke detector battery was replaced during the licensing visit, correcting the issue immediately. Moving forward, smoke detectors will be checked regularly to ensure they are functioning properly and have working batteries. Routine safety checks will be completed to help prevent this issue from happening again.	11/04/2026	

NAME - Agency Worker
Cindy Matuszak, Michaela Nelson

Date Issued
11/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
11-11-2026