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| Name - Certified Operator / Licensed Center Amillion Angels Childcare | | Provider Number / Facility ID Number 8000589978 / 001 - 2004898 | |
| Address - Facility (Street, City, State, Zip Code) 2226 N 38Th St Milwaukee WI 532081331 | | Telephone Number 414-841-2866 | Date - Regulation Visit 8/28/2025 |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date |
| 3 | 250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Documentation of immunization history was not observed for Child 2. | Parent fixed Paperwork | 8/28/25 |

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261/104

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268/97

2

NAME - Agency Worker
Tilsha Harrell

Date Issued
8/28/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Edwin Burns

Date Signed

9/5/25

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| Date Correction Plan Due 9/11/2025 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | 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.

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| Name - Certified Operator / Licensed Center | | Provider Number / Facility ID Number | | |
| Amillion Angels Childcare | | 8000589978 / 001 - 2004898 | | |
| Address - Facility (Street, City, State, Zip Code) | | Telephone Number | Date - Regulation Visit | |
| 2226 N 38Th St Milwaukee WI 532081331 | | 414-841-2866 | 8/28/2025 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 250.04(2)(l)1.a. Monitoring Results Posted Description: The current licensing statement of noncompliance and correction plan was not posted during the monitoring visit. | Provider will remember to post noncompliance correction plan | 8/28/25 | |
| 2 | 250.04(6)(a)1. Child Record - Enrollment Information Description: Incomplete parent/guardian contact information was observed for Child 2. | Parent fixed Paperwork | 8/28/25 | |