

Date Correction Plan Due 3/11/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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)(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		
Tangies Just Like Mommy Cc Ctr Lic		9000584129 / 004 - 2004002		
Address - Facility (Street, City, State, Zip Code) 809 W Burnham St Milwaukee WI 532043812		Telephone Number 414-585-9080	Date - Regulation Visit 2/21/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.06(2)(gm) Premises - Well Drained, Clean, In Good Repair  Description: The refrigerator and microwave in the toddler rooms needs to be cleaned.	Both appliance were clean and removed from toddler room.	2/21/25	
2	251.06(9)(d)1 c. Food Storage - Cold Storage Thermometers  Description: The temperature in the toddler room refrigerator was reading 50 degrees.	Refrigerator from toddler room was removed	2/21/25	

Name - Certified Operator / Licensed Center Tangles Just Like Mommy Cc Ctr Llc		Provider Number / Facility ID Number 9000584129 / 004 - 2004002	
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.07(6)(dm)4 Medical Log - Reviewing Injury Records  Description. The medical log book was not reviewed every six months.	Medical Log was reviewed and will be renewed correctly going forward	2/21/25

NAME - Agency Worker  
Joel Marquez

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Joel Marquez*  
*Larjio Cotes*

Date Issued

2/25/2025

Date Signed

2/21/25