

Date Correction Plan Due 5/16/2025	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)(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		
Tangie's Just Like Mommy Ccc		9000584129 / 002 - 1014580		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1627 S 44Th St W Milwaukee WI 532143608		414-384-6655	5/1/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)2. Child Record - Emergency Medical Consent Description: Child #3 and child #4 did not have documentation of emergency medical care checked.	Had Parent Fix it and Check it off	5/2/25	
2	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Child #4 did not have a current health report on file.	Had Parent Get an Updated Child health Report	5/6/25	
3	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #1 did not have a current health report on file.	Had Parent Get an Updated health Report	5/6/25	

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4	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B did have documentation of current CPR training in staff file.	Sent over current copy of employee CPR.	5/1/25	
5	251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: There was no documentation of fire drills for April.	Updated the April Fire drill report	5/1/25	
6	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: There was no thermometer in the refrigerator in the infant room.	Put a thermometer in the refrigerator	5/2/25	

NAME - Agency Worker
Joel Marquez

Date Issued
5/2/2025

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Date Signed

5/2/25