

Name - Certified Operator / Licensed Center

Amnetta's Star Angels Day Care

Address - Facility (Street, City, State, Zip Code)
5372 N 35TH St Milwaukee WI 532084721

Telephone Number
414-807-8519

Provider Number / Facility ID Number
4000583394 / 001 - 2000710

Date - Regulator Visit
11/20/24

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
5 250.07(6)(b)2 Medical Log Book - Pages And Entries Description: A line is observed skipped in the medical log book. NOTE: This violation was corrected during the visit.	Make sure a line is placed filled out	11-20-24	
6 250.07(6)(b)3 Medication - Storage Description: A bottle of prescription medication is accessible to children on the kitchen counter.	Get on on a higher shelf so cant get to	11-20-24	

NAME - Agency Worker
Maureen Salken, Sara Cooney

Date Issued
11/20/2024

SIGNATURE - Certified Operator or Designer / Licensee or Designer

Date Signed
12-2-24

Name - Certified Operator / Licensed Center
 Arnetta's Star Angelic Day Care
 Address - Facility (Street, City, State, Zip Code)
 5372 N 35TH ST, Milwaukee WI 532084721

Provider Number / Facility ID Number
 4000282334 / 001 - 2300710
 Date - Registration Visit
 11/20/24

Telephone Number
 414-807-8519

Rule Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.04(6)(b)	Current, Accurate Daily Attendance Record Description: The daily attendance record is not current and accurate. An arrival time has not been recorded for a child observed to be in attendance who is reported to have arrived at 8:36 AM. The daily attendance record also does not contain the children's birthdays as required. Repeat violation: Previously cited on 9/7/2023	Have new forms and corrected sign in and out department arrival and departure	11-21-24	
250.05(3)(e)2	Provider Training - Current Cpr Certificate Description: The licensee has not maintained a current CPR certificate from a department-approved CPR provider. The licensee's current certificate of completion is from the "National CPR Foundation" which is not an approved CPR provider.	Current CPR department looking for approval CPR	12-6-24	
250.05(1)(L)	Procedure - Number, Names, Whereabouts Known At All Times Description: The daily attendance record is used to ensure that the number, names and whereabouts of children in care are known to the provider at all times however the daily attendance record, when observed during the monitoring visit, does not accurately reflect the names of all of the children observed in the care of the center.	Added child approval once on 11/20/24	11-21-24	

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-246-7800

STATE OF WISCONSIN

Correction Plan Due
12/6/2024

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 202.005, DCF 250.04(2)(b) and (3)(d), DCF 251.04(2)(L) and (3)(J), DCF 252.41(1)(L) and (2)(N). 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.

Interpretation: 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.

Provider Number / Facility ID Number
4000585394 / 001 - 2000710

Telephone Number
414-807-8519

Date - Regulation Violation
11/20/24

Correction Plan

Expected Completion Date
11-22-24

Verification Date

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 3	Description: Child #2 (age 4) does not have a follow-up health examination on file at least once every 2 years after the initial health examination. The most recent health examination on file for Child #2 is dated 3/9/22. Repeat violation: Previously cited on 9/7/2023	Have most recent health examination	11-22-24	