PARTMENT OF CHILDREN AND FAMILIES
ision of Early Care and Education

STATE OF WISCONSIN

te Correction Plan Due 1/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL** 262-446-7800

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. 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) (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 submit plans of correction however are not required to do so.

uctions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. plete 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 '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 ompliance 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 lty 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 e of the sanction and / or penalty and your appeal rights.

ıe - Certified Operator / Licensed Center Angelitos Family Day Care		**Provider Number / Facility ID Number** 2000587472 / 001 - 2000689	
ress - Facility (Street, City, State, Zip Code) W Scott St Milwaukee WI 532042344	**Telephone Number** 414-216-1097	**Date - Regulation Visit** 12/26/2025	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
250.05(2)(b) **Staff File - Background Check Results** Description: Fingerprints not completed for the following individuals: Individual 001 Repeat violation: Previously cited on 12/10/2025, 11/20/2025, 6/9/2025, 5/20/2025	Fingerprints to be completed by 1/21/2026 Individual 001 is unable to complete fingerprints due to illness. She is residing with her daughter until her health inclines again. Fingerprints will be completed if the Individual returns to the residence.	unknown. resident does not live at the daycare currently.	01/11/26

RECEIVED
JAN 16 2026
Division of Hearings and Appeals - Madison

- Agency Worker
rly Pahlow-Anderson

Date Issued
1/7/2026

ATURE - Certified Operator or Designee / Licensee or Designee
Melissa M Cruz

Date Signed
01-12-26

CFS0294-E (R.06/2011)