

Date Correction Plan Due	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		
Gods Little Angels Day Care		7000570847 / 001 - 1003760		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1925 W Highland Ave Milwaukee WI 53233		414-342-1127	11/21/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Cpr certificate in file was expired. Licensee said she just took a renewal class, but could not find the certificate. I could not verify class was taken through registry. Repeat violation: Previously cited on 12/4/2024	<i>Sent in through the internet on 12/09/25</i>	<i>12/09/25</i>	
2	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Certificate in file expired. CAN trainings must be completed every 2 years.	<i>will have it completed before or in march 2026</i>	<i>march 2026</i>	

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Name - Certified Operator / Licensed Center Gods Little Angels Day Care		Provider Number / Facility ID Number 7000570847 / 001 - 1003760	
Address - Facility (Street, City, State, Zip Code) 1925 W Highland Ave Milwaukee WI 53233		Telephone Number 414-342-1127	Date - Regulation Visit 11/21/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.06(2)(n)5. Radon - Continuous Testing Description: Radon tests need to be completed every 2 years. The last test on file was completed 4/14/23.	Thank you for reminding me, but it's not due until April 2026 will get started looking for different company I did not like that company	April 2025	

Please send by mail, I prefer to receive All correspondence by mail.

NAME - Agency Worker
Jennifer Mischock

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jennifer Mischock

Date Signed

12-11-2025

