

<b>Date Correction Plan Due</b> 5/29/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

RECEIVED  
STATE OF WISCONSIN  
JUN 10 2025  
SOUTHEASTERN REGIONAL OFFICE  
DCF DECE BECR

<b>Name - Certified Operator / Licensed Center</b> Manitas De Angel Family Day Care		<b>Provider Number / Facility ID Number</b> 0000581260 / 001 - 1010708		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1443 S 34Th St Milwaukee WI 53215		<b>Telephone Number</b> 414-248-0724	<b>Date - Regulation Visit</b> 5/9/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	250.04(6)(b) <b>Current, Accurate Daily Attendance Record</b>  Description: The attendance form was not accurate. There were 5 children in care and none of them were signed in.  Repeat violation: Previously cited on 5/19/2023	el registro de la asistencia fue corregido en el momento	5/13/25	5/15/25
2	250.05(3)(fm) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: Staff B and staff C did not have current Child Abuse and Neglect training in staff file.  Repeat violation: Previously cited on 5/13/2024, 5/19/2023	se buso la clase y sera para el mes de junio que se complete	5/13/25	5/15/25

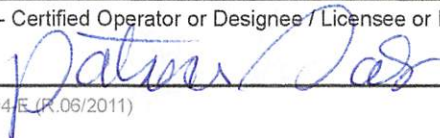
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3	250.05(4)(c)1. <b>Continuing Education - Requirement &amp; Training Topics</b>  Description: Staff B and staff C did not have 15 hours of continuing education training in staff file.  Repeat violation: Previously cited on 5/13/2024	Se registraron para arcompletar las clases que se necesitan	5/13/25
			5/15/25

**NAME - Agency Worker**  
Joel Marquez

**Date Issued**  
5/15/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**



5/15/25