

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
3/13/2024

TO FILE A COMPLAINT CALL
262-446-7800

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 250.042(1) and (3)(f), DCF 251.042(1) 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 licensee 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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center
Bethy's Lil Angels
Provider Number / Facility ID Number
0000590500 / 001 - 2005550

Address - Facility (Street, City, State, Zip Code)
5140 N 49TH St Milwaukee WI 532184323

Telephone Number
414-807-4174

Date - Regulation Visit
2/12/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact	I will give the parent the phone work for the emergency contact	03-01-2024	03-08-24

Description: Child 2 does not have documentation of the name, address, telephone number, and relationship to the child of a person to be notified in an emergency when a parent cannot be reached immediately.

County Use
Mar 5, 2024 8:
Duplicate Rec
#103132

#1031321
- 5, 2024 8:4
uplicate Rece

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Beth's Lil Angels		0000590500 / 001 - 2005550		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
5140 N 497th St Milwaukee WI 532184323		414-807-4174	2/12/2024	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.04(6)(a)1m, i	Child Record - Health History - Medical Condition Symptoms Description: Child 3 has a documented medical condition, however there is no information on file about triggers that may cause a problem, signs or symptoms for the provider to watch for, steps a provider should follow, when to call a parent regarding symptoms, when the condition requires emergency medical care, and identification of all providers who have received specialized training or instructions to help treat symptoms.	I will have mother fill the paperwork correctly	03-01-24	
250.04(6)(a)4 a	Child Record - Physical Exam - Under 2 Description: Child 2 does not have documentation of an initial health examination within 3 months after Child 2 was admitted to the center. Repeat violation: Previously cited on 2/7/2023	I will get the information from the parent	3-8-24	
250.04(6)(a)4m	Child Record - Immunization History Compliance Description: Child 2 does not have documentation of an immunization history in the child record. Repeat violation: Previously cited on 2/7/2023	I will get the paperwork from the parent	3-8-24	



Name - Certified Operator / Licensed Center		Telephone Number	Provider Number / Facility ID Number	Expected Completion Date	Verification Date
Beth's Lil Angels Address - Facility (Street, City, State, Zip Code) 5140 N 49TH ST Milwaukee WI 532194323		414-807-4174	0005590500 / 001 - 2005550	2/12/2024	
Rule/Statute Number 250.04(9)(b)		Correction Plan I will make sure every child will be signed in and out	03-01-24		
Noncompliance Statement Current, Accurate Daily Attendance Record Description: 3 children are missing departure times documented on the attendance record for 02/08/24 and 02/09/24. 5 children are missing departure times documented on the attendance record for 12/22/23. 2 children are missing departure times documented on the attendance record for 12/07/23. 1 child is missing a departure time documented on the attendance record for 12/06/23, 01/31/24.		I will make sure all staff will be signed in and out	03-01-24		
250.05(2)(c) Staff File - Days, Hours Worked Description: A staff member has an arrival time documented for 02/09/24, 12/11/23, 12/12/23, and 12/07/23 but no departure time. No staff hours are documented for 12/08/23, 12/15/23, 12/19/23, 12/20/23, 12/21/23, and 12/22/23 when according to attendance records, children were in care.		The staff is coming for I will make sure the center will get the physical staff appointment is coming	03-15-24		
250.05(2)(d)1. Staff File - Physical Examination - Form Description: Staff C does not have documentation of a physical examination report within 30 days after Staff C was hired.					

321
24 8-4
9 Repe

Name - Certified Operator / Licensd Center
 Beth's Lil Angels
 Address - Facility (Street, City, State, Zip Code)
 5140 N 49TH St Milwaukee WI 532184323
 Telephone Number
 414-807-4174
 Provider Number / Facility ID Number
 0000590500 / 001 - 2005550
 Date - Regulation Visit
 2/12/2024

Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
8 250.05(2)(e)1. Staff File - Registry Certificate Description: Staff C does not have documentation in the staff record of a certificate from the Wisconsin Registry that indicates Staff C is qualified for the position.	I will make sure I put the staff certificate in her folder	03-08-24	
9 250.05(3)(e)1. Provider Training - Obtain Cpr Certificate Description: Staff C does not have documentation of a certificate of completion for a department-approved course in infant and child CPR and AED use within 3 months after Staff C was hired. Repeat violation: Previously cited on 2/7/2023	Staff will have cpr certificate by 3-16-24	03-08-24	
10 250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Staff A does not have documentation of a current CPR completion certificate.	I will send in my cpr completion certificate	03-01-24	

Name - Certified Operator / Licensed Center

Beth's Lil Angels

Address - Facility (Street, City, State, Zip Code)
5140 N 49th St Milwaukee WI 532184323

Telephone Number
414-807-4174

Provider Number / Facility ID Number
0000590500 / 001 - 2005550

Date - Regulation Visit
2/12/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.05(3)(m) Biennial Training - Child Abuse & Neglect	Description: Staff A does not have documentation of a current biennial child abuse & neglect training. The most recent child abuse & neglect training on file for Staff A was taken 11/22/21. Staff C does not have documentation of a biennial child abuse & neglect training in the staff record.	Staff A will update her Child Abuse & Neglect training Staff C will get the child abuse neglect training	03-01-24	
250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period	Description: Staff A does not have documentation of continuing education hours for 2023.	I will find some continuing education class to set my hours	03-01-24	
250.06(1)(b)4. Outdoor Play Space - Enclosure	Description: There are two gaps in the outdoor play space enclosure that are greater than 4 inches. Repeat violation: Previously cited on 2/7/2023	I will fix the two gaps in the outdoor play space	03-01-24	

Name - Certified Operator / Licensed Center
 Betty's Lil Angels
 Address - Facility (Street, City, State, Zip Code)
 5140 N 49TH ST MINNEAPOLIS MN 55218-4323

Telephone Number
 414-807-4174

Provider Number / Facility ID Number
 0000590500 / 001 - 2005550
 Date - Regulation Visit
 2/12/2024

Rule/Statute Number Noncompliance Statement	Description	Correction Plan	Expected Completion Date	Verification Date
14 250.06(2)(g) Access To Materials Potentially Harmful To Children	Description: A container of flushable wipes was observed resting on the toilet tank in bathroom, accessible to children. This was corrected during the visit and the wipes were placed out of reach of children.	I will make sure materials harmful to children always be put up out of reach	02-12-24	
15 250.06(2)(b)1.b. Radon - Testing, Current Providers	Description: A radon test was not conducted no later than 6 months after the effective date of subdivision 1. This subdivision went into effect on 03/01/23.	I put the Radon test in the mail 3-11-24	3-11-24	
16 250.07(6)(b)1. Medical Log Book	Description: Pages in medical log book received during the visit are not numbered.	I numbered all the pages	03-01-24	
17 250.09(4)(b) Infant & Toddler - Diaper Changing Surface - Disinfection	Description: There are holes in the diaper changing surface exposing foam, making it not easily cleanable.	I will make sure to change the Diaper Changing surface when holes are presented	03-01-24	

