INSTRUCTIONS FOR COMPLETING THE CORRECTION PLAN SECTION OF THE NONCOMPLIANCE STATEMENT AND CORRECTION PLAN (DCF-F-CFS294)

I have attached the Noncompliance Statement and Correction Plan (DCF-F-CFS294) dated August 17, 2026 . Please complete this form as follows:

1. In the column titled "Correction Plan," indicate how you intend to correct each noncompliance listed on the form and outline the steps you will take to prevent future violation of the same rule. If you need more space than is provided on the form, attach additional pages and identify the item number to which the correction plan is related. Because completed and approved correction plans will be scanned and linked to the Regulated Child Care and YoungStar Public Search internet site, which shows each provider's violations, please note the following when writing your correction plan:
   - Do not include confidential information, including the names of children and staff.
   - Write in concise, plain English.
   - Be specific when describing what you have done or intend to do to correct each violation. Non-specific statements such as "It will be fixed", "Done", "Will do", "Don't agree" or "This won't happen again" do not provide the reader with any understanding of how the violation has been corrected or how you plan to prevent the violation from occurring again.
   - Be objective, factual and descriptive. The plan should not include derogatory comments, profanity or subjective observations, such as "The licensing specialist doesn't like me."

2. For each noncompliance, enter the date (month, day, year) by which you expect the correction plan to be completed.

3. Sign and date the form. Retain a copy for your records.

4. **Return the completed and signed form to the department by the due date that appears at the top left of the form via:**
   - **Email:** tiisha.harrell@wisconsin.gov **or**
   - **Fax:** (262) 446-7991 **or**
   - **Mail:** DEPARTMENT OF CHILDREN AND FAMILIES
     BUREAU OF EARLY CARE REGULATION
     SOUTHEASTERN REGION
     635 N 26th ST

     MILWAUKEE, WI 53233

If the correction plan and the completion dates are acceptable, the form will be linked to the Regulated Child Care and YoungStar Public Search internet site. If the correction plan or the expected completion dates are not acceptable, you will be contacted in writing or by telephone.

You are required to post a copy of the Noncompliance Statement and Correction Plan (DCF-F-CFS294) in a conspicuous area near the license so that it is visible to parents. This copy must remain posted until all noncompliances have been verified as corrected and the next DCF-F-CFS294 or DCF-F-CFS785 (Compliance Statement) has been issued. Note: If applicable, do not post the Staff and Child Identification Key. The information on the key is confidential and is meant for your reference only.

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your feedback: https://www.surveymonkey.com/r/LicenseFeedback. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope.

Contact me if you have any questions.

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/31/2026		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 250.04(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
Annie's House Of Angels		2000590892 / 001 - 2006024
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
2028 N 28Th St Milwaukee WI 532081517	414-334-9256	8/12/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.b. **Child Record - Enrollment Information - Parent's Names** Description: Documentation of complete enrollment information to include the full names of the child's parents was not observed for Child 1 and Child 3.	I will make sure both parents information is on all documentations even if the parent says she don't know.		
2	250.04(6)(a)4.d. **Child Record - Heath Exam Report** Description: Documentation of a completed health examination report that was signed and dated by a licensed physician was not observed for Child 1, whose physician's name was not listed on the child health report.	I will make sure physicians name is on all health reports		

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3	250.05(2)(a) **Staff File - Staff Record Form** Description: Documentation of complete information of the employee's education, position, and previous work experience in child care was not observed for Staff A and Staff B.	I will make sure all staff documents are correct.		
4	250.05(4)(c)1. **Continuing Education - Requirement & Training Topics** Description: Documentation of satisfactory completion of at least 15 hours of qualifying continuing education annually was not observed for Staff A. Repeat violation: Previously cited on 8/28/2025	I will make sure I obtain my 15 hours on time.		
5	250.06(2)(L)1. **Carbon Monoxide - One Or Two Family Residence** Description: The carbon monoxide detector was not functional and beeped to indicate the battery was dead/dying during the monitoring visit.	I will make sure all batteries are checked.		

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
6	250.06(2)(m) **Premises - Condition & Repair** Description: There was an empty box, two water hoses, and a bag full of what appeared as trash in the outdoor play space during the monitoring visit.	I will make sure all harmful hazard items are put up and trash taken out.		
7	250.06(4)(a)1. **Smoke Detectors** Description: The smoke detector was not maintained in operating condition when the smoke detector beeped indicating new batteries were required during the monitoring visit.	I will make sure to check all batteries when doing our firedrills		
8	250.06(9)(d) **Food Storage, Temperatures** Description: The refrigerator was not maintained at 40 degrees or lower and the freezer was not maintained at 0 degrees or lower during the monitoring visit. The refrigerator was measured at 42 degrees and the freezer at 10 degrees.	I will make sure the fridge stays close to keep the temperature at 40		
9	250.07(6)(h)2. **Washroom Provisions** Description: There was no toilet paper accessible to children in the bathroom during the monitoring visit.	I will make sure tissue is on the roll and accessible to the children.		

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NAME - Agency Worker
Tiisha Harrell, Katrina Tarantino

Date Issued
8/17/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
08/20/2026