

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

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 250.04(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**  
9000588069 / 001 - 2001280  
Teresa's Little Angels Learning Ctr

**Address - Facility (Street, City, State, Zip Code)** **Telephone Number**  
414-795-9434  
4305 N 70Th St Milwaukee WI 532161167

**Rule/Statute Number** **Date - Regulation Visit**  
5/7/2026  
**Noncompliance Statement**

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b> Description: Child #2 and Child #3 do not have documentation of immunizations in their file. Repeat violation: Previously cited on 3/11/2025	Update Immunization record for children	5/8/2026	
2	250.05(3)(e)2. <b>Provider Training - Current Cpr Certificate</b> Description: Staff A does not have a current CPR/AED training on file. The CPR/AED on file expired on 2/3/2026.	update cpr certificate	5/17/2026	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3</p> <p>250.05(3)(fm) <b>Biennial Training - Child Abuse &amp; Neglect</b></p> <p>Description: Staff A does not have current Child Abuse and Neglect training on file. The last training on file expired on 2/8/2026.</p>	<p>Update Child Abuse &amp; Neglect Certificate</p>	5/8/2026	
<p>4</p> <p>250.06(2)(e) <b>Potential Source Of Harm On Premises</b></p> <p>Description: There are several loose cords accessible to children. Loose cords pose a strangulation hazard.</p>	<p>Move all cords out of reach. (Tape down)</p>	5/7/2026	
<p>5</p> <p>250.08(3)(c) <b>Required Information - Route And Stops</b></p> <p>Description: There are no routes and stops for daily transportation at the center or on the vehicle.</p>	<p>Add route and stops documentation</p>	5/8/2026	
<p>6</p> <p>250.08(4)(c)1. <b>Driver Record - Obtain &amp; Review</b></p> <p>Description: The driving record on file is not within the last 12 months. The driving record on file is dated 12/23/2024.</p>	<p>Obtain and print Driver record, put in transportation file</p>	5/8/2026	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7 250.08(5)(b) Vehicle Inspection Form Description: The vehicle inspection on file is not within the last 12 months. The last vehicle inspection is dated 1/9/2025.	obtain new vehicle inspection form, put in transportation file	5/8/2026	

NAME - Agency Worker  
Sara Cooney, Maureen Slatten

Date Issued  
5/14/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed