

Date Correction Plan Due
11/5/2025

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

Our Little Angels Fam Childcare

Provider Number / Facility ID Number

1000589271 / 001 - 2003452

Address - Facility (Street, City, State, Zip Code)

5121 N Hopkins St Milwaukee WI 532095256

Telephone Number

414-578-0351

Date - Regulation Visit

10/1/2025

**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**

Description: Child 3's emergency contact is a parent.

I have corrected
this information
in a new file.

10/11/2025

2

250.04(6)(a)1.g

Child Record - Enrollment Information - Authorized Pickup

Description: Child 3's authorized pick up persons did not include their
addresses and phone numbers.

I have corrected
this information
in a new file.

10/11/2025

Name - Certified Operator / Licensed Center Our Little Angels Fam Childcare		Provider Number / Facility ID Number 1000589271 / 001 - 2003452	
Address - Facility (Street, City, State, Zip Code) 5121 N Hopkins St Milwaukee WI 532095256		Telephone Number 414-578-0351	Date - Regulation Visit 10/1/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(6)(a)1m. Child Record - Health History Description: Child 3 is missing health history and emergency care plan information. <i>Senses</i> Repeat violation: Previously cited on 10/8/2024	I have ~~been~~ completed a new file for this child ie: as her guardian	10/11/2025	
4 250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 3, under two years of age, did not have documentation of a health exam completed in the previous six months.	I have completed a new file for this child and included this document ie: as her guardian	10/11/2025	
5 250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 2's health exam was expired when it was completed more than two years prior. <i>Kenzie</i>	Mom has scheduled an exam.	01/15/2026	
6 250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Staff B's CPR certificate was incomplete when the skills portion was not shown as being completed. Repeat violation: Previously cited on 10/8/2024, 10/6/2023	Staff B has completed the required section to complete the CPR course.	01/05/2026	

Name - Certified Operator / Licensed Center Our Little Angels Fam Childcare		Provider Number / Facility ID Number 1000589271 / 001 - 2003452	
Address - Facility (Street, City, State, Zip Code) 5121 N Hopkins St Milwaukee WI 532095256		Telephone Number 414-578-0351	Date - Regulation Visit 10/1/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
7	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A and B's training in child abuse & neglect laws, identification, and reporting was expired.	My staff and I have both completed CAN training.	01/05/2026
8	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Staff B did not have documentation on file of having completed 15 hours of continuing education in 2024. Repeat violation: Previously cited on 10/8/2024, 10/6/2023	Both, my staff and I have started in monthly sessions for continuing education hours and information.	10/11/2025 11/08/2025 12/13/2025 01/10/2026
9	250.06(2)(k) Deteriorating Or Toxic Paint Description: Deteriorating paint was observed on the rear exterior door frame, located where children have access coming in from the outdoor play space.	I have reached out to the landlord about the paint at the residence.	01/20/2026
10	250.06(3)(b) Emergency Plans - Practice Description: Fire drills were not documented in September 2025.	I will keep track and be sure to document drills on time.	10/01/2025

Name - Certified Operator / Licensed Center Our Little Angels Fam Childcare		Provider Number / Facility ID Number 1000589271 / 001 - 2003452	
Address - Facility (Street, City, State, Zip Code) 5121 N Hopkins St Milwaukee WI 532095256		Telephone Number 414-578-0351	Date - Regulation Visit 10/1/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
11	250.09(1)(c)2. Infant & Toddler - Crib & Playpen Mattresses Description: The mattress in the portable crib was not tight fitting.	The inner straps were tightened to fit the mattress properly to crib.	10/01/2025

NAME - Agency Worker
 Cindy Matuszak

Date Issued
 10/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

01/05/2026