

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due 7/20/25	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 200.004, DCF 200.042(3) and (3)(4), DCF 201.042(3), and (3)(5), DCF 202.41(1)(2), and (3)(4). 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 to submit plans of correction however are not required to do so.

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 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 with the license in accordance with Wis. Stat. 48.007. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.711. 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 copy of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center State's Little Angels LLC	Provider Number / Facility ID Number 1000580251 / 002
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Address - Facility, Street, City, State, Zip Code 225 Duane Ln. Racine WI 534032567	Telephone Number 815-270-3314	Date - Regulation Viol 6/17/2025
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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>202.09(2)(b)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Delivering Information On A Form Prescribed By The Department With Development And Health History Information, Including All Of The Following</p> <ol style="list-style-type: none"> 1. The Parents' Home And Work Phone Numbers, 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan, 3. The Parents' Signed Consent For Emergency Medical Care, 4. A Name And Number To Call If The Child Requires Emergency Medical Care. <p>Description: Child 10 enrollment & health history form incomplete</p>	<p><i>I will make sure all childcare packages are put together accordingly</i></p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p style="text-align: center; font-weight: bold;">RECEIVED</p> <p style="text-align: center;">JUL 0 2 2025</p> <p>BY: _____</p> </div>	<p>7/1/2025 8/30/2025 7/30/2025</p>	<p>4/17/2025</p>

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Judy Little Argue LL

1000589251 / 002

Address - Facility Street City, State, Zip Code

Telephone Number

Date - Regulation Viol

328 Debra Ln Racine WI 534033567

813-270-3318

6/17/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>202.08(12)g The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Using Information Obtained On The Department-Provided Child Care Intake For Child Under 2 Years Form, Which Collects Essential Information For Infants And Toddlers, To Individualize The Program Of Care For Each Child Under 2 Years Of Age.</p> <p>Description: Child 4 intake for child under 2 form incomplete.</p>	<p>I will go through all childcare packages are put together according</p>	<p>7/1/2025 8/30/2025 7/30/2025</p>	<p>6/17/2025</p>
<p>202.08(2)g An Outdoor Play Area Shall Have A Permanent Enclosure Not Less Than 4 Feet High To Protect The Safety Of Children In Case Fencing, Plants, Or Landscaping May Be Used To Create A Permanent Enclosure. If The Outdoor Play Area Does Not Have A Permanent Enclosure, A Provider Shall Be Outside With Children Providing Sight And Sound Supervision When Children Are Outside.</p> <p>Description: Provider momentarily left children outside providing no sight or sound supervision.</p>	<p>I will make sure the children and I have our drinks before going out and if I have to come in for anything bring them in with me</p>	<p>7/1/2025 8/30/2025 7/30/2025</p>	<p>6/17/2025</p>

License - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Child's Name: Little Angels LLC

1000080251 / 002

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

25 Debra Ln Racine WI 534033567

Telephone Number

813-270-3310

Date - Regulation Visit

6/17/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>202.08(9)(b)1.-5. A Transportation Permission Form Shall Include All Of The Following Information: 1. The Purpose Of The Transportation And The Parent Or Guardian's Agreement To Transport The Child For That Purpose. 2. The Length Of Time The Child Will Be Transported. 3. An Address And Telephone Number Where A Parent Or Other Adult Can Be Reached In An Emergency. 4. The Name, Address, And Telephone Number Of The Child's Health Care Provider. 5. Written Consent From The Child's Parent For Emergency Medical Treatment.</p> <p>Description: Authorization to transport forms including all required information missing for children 1-12.</p>	<p>I will give a copy to each parent now that I have the forms and make sure they are in our Transportation book</p>	<p>7/1/2025 8/30/2025 7/30/2025</p>	<p>6/17/2025</p>