

Date Correction Plan Due
3/25/2024

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 Inez Little Angels		Provider Number / Facility ID Number 4000591084 / 001 - 2006245		
Address - Facility (Street, City, State, Zip Code) 2012 N 35Th St Milwaukee WI 53208		Telephone Number 414-551-9654	Date - Regulation Visit 3/5/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. Child Record - Health History Description: Child #3 did not have documentation of a health history and emergency care plan form on file for review.	Parent was given a new form to complete		
2	250.06(2)(m) Premises - Condition & Repair Description: The outdoor play space had cardboard laying down on the ground to cover the mud by the swing set.	Cardboard was picked up replace with safety mats		

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3	<p>250.06(9)(e) Leftover Food</p> <p>Description: A package of open bacon and cheese were not labeled/dated as to when opened (must be frozen or used within 36 hours).</p>	<p><i>Purchase labels to label open food</i></p>		
4	<p>250.07(6)(f)3. Medication - Storage</p> <p>Description: An inhaler was observed on a shelf in the kitchen that was not stored inaccessible to children.</p>	<p><i>was stored away</i></p>		
5	<p>250.08(5)(a)2. Vehicle Requirements - Interior Condition</p> <p>Description: The vehicle used to transport children was observed to have litter on the floor and requires cleaning.</p>	<p><i>Van has been cleaned out</i></p>		

NAME - Agency Worker
Laura Taylor, Joel Marquez

Date Issued
3/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
3/18/2024