

<b>Date Correction Plan Due</b> 9/29/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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**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.

<b>Name - Certified Operator / Licensed Center</b> Inez Little Angels		<b>Provider Number / Facility ID Number</b> 4000591084 / 001 - 2006245			
<b>Address - Facility (Street, City, State, Zip Code)</b> 2874 N 29Th St Milwaukee WI 532102006		<b>Telephone Number</b> 414-551-9654	<b>Date - Regulation Visit</b> 9/4/2025		
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<table border="1"> <tr> <td data-bbox="1581 652 1814 711"> <b>Expected Completion Date</b> </td> <td data-bbox="1814 652 2027 711"> <b>Verification Date</b> </td> </tr> </table>	<b>Expected Completion Date</b>	<b>Verification Date</b>
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1	250.04(6)(a)1. <b>Child Record - Enrollment Information</b>  Description: The authorization section on the enrollment form was not completely filled out for Child #4.	Child Enrollment Form was updated at the time of visit 9/4/2025	<table border="1"> <tr> <td data-bbox="1581 711 1814 954">09/04/2025</td> <td data-bbox="1814 711 2027 954"></td> </tr> </table>	09/04/2025	
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2	250.06(2)(c) <b>Access To Materials Potentially Harmful To Children</b>  Description: Cold and flu medication and another medication marked <input type="checkbox"/> keep out of reach of children <input type="checkbox"/> were observed on the counter in the kitchen.	Medicine was properly stored away at the time of visit	<table border="1"> <tr> <td data-bbox="1581 954 1814 1225">09/04/2025</td> <td data-bbox="1814 954 2027 1225"></td> </tr> </table>	09/04/2025	
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3	250.06(9)(c) Safe Food  Description: A tube of biscuits was observed in the kitchen refrigerator that had an expiration date of 12/2024.	Food was discarded at the time of visit  09/04/2025	09/04/2025	

**NAME - Agency Worker**  
Laura Taylor, Joel Marquez

**Date Issued**  
9/15/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

09/30/2025