

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
3/23/2026

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)(f) 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: Sky's Little Angels Childcare Center
Provider Number / Facility ID Number: 7000591997 / 001 - 2007226

Address - Facility (Street, City, State, Zip Code): 2919 W Mount Vernon Ave Milwaukee WI 532084242
Telephone Number: 414-204-9368
Date - Regulation Visit: 3/5/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.06(3)(b) Emergency Plans - Practice Description: Fire drills were not practiced or documented for the month of February	I will make sure I don't forget to write the date / time whenever the drill is completed. I will do it immediately after.	3/6/2026	
2 250.06(4)(a)3. Smoke Detectors - Testing Description: Smoke detectors were not tested or documented for the month of February	I will make sure I document the date / time immediately after checking so I don't forget to write it on the fire drill practice card.	3/6/2026	

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Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.07(6)(h)2. Washroom Provisions Description: Paper towel was not accessible to children in care	I will make sure I place a new roll in the washroom as soon as the old one is fully used.	3/16/2026	

NAME - Agency Worker

Tiarra Trammell

Date Issued

3/16/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

3/23/2026