

Date Correction Plan Due 5/2/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Gard N Angel Child Care Center		Provider Number / Facility ID Number 4000590914 / 001 - 2006069		
Address - Facility (Street, City, State, Zip Code) 4925 S Packard Ave Cudahy WI 531101620		Telephone Number 414-483-1058	Date - Regulation Visit 4/10/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: There was no documentation of fire drills for the month of March.	owner and Director will cross check each other to make sure fire / Tornado drills are marked	4/18/2024	
2	251.06(9)(a)2. Kitchen Equipment & Utensils - Safe & Sanitary Description: The freezer had liquid spills and was not cleaned and sanitary.	The freezer was deep cleaned and Sanitized. All teachers were reminded that if they spill anything it must be cleaned up right away.	4/18/2024	

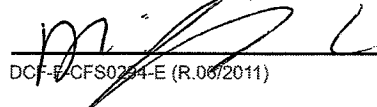
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3	251.06(9)(d)2.a. Food Storage - Dry Food Description: There was spaghetti noodles opened and not stored in a zip like container.	The cook was reminded that all food that's opened needs to be put in air tight container or zip lock bag and dated	4/18/2024
4	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Medical log books were not reviewed every six months in room 1. Repeat violation: Previously cited on 9/8/2023	Director went over the correct way of how to properly review the log book and sign off on it.	4/18/2024

NAME - Agency Worker
Joel Marquez, Laura Taylor

Date Issued
4/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



4/24/24