

Date Correction Plan Due
4/16/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

STATE OF WISCONSIN

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
Angela's Lil Angels Llc
Provider Number / Facility ID Number
1000588551 / 002 - 2002973

Address - Facility (Street, City, State, Zip Code)
1112 S 60Th St West Allis WI 532143315
Telephone Number
414-574-6909
Date - Regulation Visit
3/26/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(6)(a)6. Child Record - Health History Description: Child 1 and Child 4 have incomplete Health History forms. Both children are said to have asthma but the second page that lists the triggers, signs/symptoms, steps that should be followed, when to call parents and when to seek emergency medical care is missing.	Both Forms For Children 04-03-25 1- and -4 are completed	03-27-25	
2 251.04(6)(b) Current, Accurate Daily Attendance Record Description: Attendance records do not list the child's last name or their date of birth.	was completed on 03-27-25 Childrens Names was Been added and Birth plays on Attendance	03-27-25	

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3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A who has been employed for more than 30 days does not have a physical on file.	Corrected	04-02-25	
4	251.06(9)(a)5. Kitchen - Single-Service Utensils Description: Single service cups are being reused during the day.	Irregular cups washable are been used now corrected	03-26-25	
5	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A medication authorization form for an inhaler does not have a start or end date or the time of day it is to given.	Corrected	04-03-25	
6	251.08(3)(c) Information In Vehicle - Route And Stops Description: The center does not have routes and stops for children who are transported to and from home.	Routes are now being used corrected	04-01-25	

NAME - Agency Worker
 Maureen Slatten

Date Issued
 4/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Angela Fox

Date Signed
 04-15-2025