

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and EducationNONCOMPLIANCE STATEMENT AND CORRECTION  
PLANTO FILE A COMPLAINT CALL  
920-785-7811Date Correction Plan Due  
9/29/2025

**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

Provider Number / Facility ID Number

Specially For You Family Child Care

6000560206 / 001 - 430324

Address - Facility (Street, City, State, Zip Code)  
2221 Deckner Ave Green Bay WI 54302Telephone Number  
920-465-0129Date - Regulation Visit  
9/15/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(e)2. <b>Provider Training - Current Cpr Certificate</b>  Description: The provider did not have a current CPR card- hers expired in March of 2025.  This was corrected on the visit date.	Do class	9/15/25	
2	250.05(3)(fm) <b>Biennial Training - Child Abuse &amp; Neglect</b>  Description: The provider did not have CAN training completed and in her file for 2025. Hers was last done in March of 2023.  This was corrected on the visit date	Do training	9/16/25	

Provider Number / Facility ID Number

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Date - Regulation Visit  
9/15/2025

Address - Facility (Street, City, State, Zip Code)  
2221 Deckner Ave Green Bay WI 54302

Correction Plan

Expected Completion Date

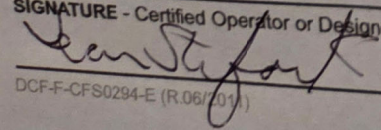
Verification Date

Rule/Statute Number  
Noncompliance Statement

NAME - Agency Worker  
Jill Kellner

Date Issued  
9/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed  
9/16/2025