

Date Correction Plan Due 4/24/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Little Blessings Preschool		Provider Number / Facility ID Number 5000577665 / 001 - 1001441		
Address - Facility (Street, City, State, Zip Code) 5701 Raymond Rd Madison WI 53711		Telephone Number 608-271-6633	Date - Regulation Visit 4/9/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. Child Record - Enrollment Information Description: Child 1 did not have documentation of having a completed enrollment form prior to the first day of attendance.	Collected Completed form before next Attendance day	4/15/2026	
2	251.04(6)(a)6. Child Record - Health History Description: Child 1 did not have documentation of having a health history form on file prior to the first day of attendance.	Collected Completed forms before next attendance day	4/15/2026	

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3	251.05(4)(c)1. Continuing Education Requirement - Full Time Staff Description: Staff B did not have documentation on file of having completed 15 hours of continuing education annually.	Enacted new requirements for staff to have continuing education throughout the year	6/15/2026	
4	251.06(9)(d)2.a. Food Storage - Dry Food Description: Dry foods were not stored in bags with zip-type closures or containers with tight-fitting covers when bags of crackers and dry foods were found without appropriate closures.	Put the dry food into containers we had in storage	4/15/2026	

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
4/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed