

Date Correction Plan Due 4/14/2026	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)(l) 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 Sweet Dreams Child Care		Provider Number / Facility ID Number 3000586173 / 001 - 2003732	
Address - Facility (Street, City, State, Zip Code) 1176 Cottonville Ave Friendship WI 539349737		Telephone Number 608-548-3626	Date - Regulation Visit 3/30/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A is missing documentation of having completed training in child abuse and neglect laws within the past two years.	I am Registard For Class On WI Registry For 4/28/2026	4/29/2026

Susan Herfel

4/1/2026

NAME - Agency Worker
Amy Anderson

Date Issued
3/31/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Susan J Herfel

Date Signed

4/1/2026