

Date Correction Plan Due 2/27/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 A Million Dreamz Inc		Provider Number / Facility ID Number 5000591225 / 001 - 2006402												
Address - Facility (Street, City, State, Zip Code) 415 Euclid Ave Sheboygan WI 530835057		Telephone Number 920-287-8879	Date - Regulation Visit 1/7/2025											
	<table border="1"> <thead> <tr> <th data-bbox="132 721 231 789"></th> <th data-bbox="231 721 972 789"> Rule/Statute Number Noncompliance Statement </th> </tr> </thead> <tbody> <tr> <td data-bbox="132 789 231 1117">1</td> <td data-bbox="231 789 972 1117"> 251.055(1)(a) Supervision Of Children Description: The center self reported that on December 21, 2024, a child care worker failed to supervise an eight-year-old child, when the child left the building and walked 5 blocks to a gas station. The child was unsupervised for approximately 27 minutes. </td> </tr> </tbody> </table>		Rule/Statute Number Noncompliance Statement	1	251.055(1)(a) Supervision Of Children Description: The center self reported that on December 21, 2024, a child care worker failed to supervise an eight-year-old child, when the child left the building and walked 5 blocks to a gas station. The child was unsupervised for approximately 27 minutes.	<table border="1"> <thead> <tr> <th data-bbox="972 721 1526 789"> Correction Plan </th> </tr> </thead> <tbody> <tr> <td data-bbox="972 789 1526 1117"> per our policy, we have terminated care for the child who left. We have reviewed the issue with all staff involved. </td> </tr> </tbody> </table>	Correction Plan	per our policy, we have terminated care for the child who left. We have reviewed the issue with all staff involved.	<table border="1"> <thead> <tr> <th data-bbox="1526 721 1780 789"> Expected Completion Date </th> </tr> </thead> <tbody> <tr> <td data-bbox="1526 789 1780 1117">2-13-2025</td> </tr> </tbody> </table>	Expected Completion Date	2-13-2025	<table border="1"> <thead> <tr> <th data-bbox="1780 721 1982 789"> Verification Date </th> </tr> </thead> <tbody> <tr> <td data-bbox="1780 789 1982 1117"></td> </tr> </tbody> </table>	Verification Date	
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NAME - Agency Worker
Clint Smith

Date Issued
2/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Angel M Berry

Date Signed

2-13-2025