

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE COMPLAINT CALL
 1-800-424-7775

Child Care Center
 70000000

Use of Form: This form is used by certifier of licensing unit to identify areas and/or administrative rule violations and to define required steps of correction, if applicable. This form is used by certified centers if licensed centers to meet the requirements of (307-202005, (307-202042) and (307-202043), and (307-202044) and (307-202045). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions levied in the future and/or administrative rule. Public Access may request a correction plan from the required parties.

Instructions: The Noncompliance Statement below describes the violation(s) of child care rules and/or administrative rule identified by the certifier of licensing unit. Complete the section titled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify specific compliance issues for each item. Return the original to your certifier of licensing unit for approval and retain a copy. If this is a licensed child care, send your copy of the noncompliance statement and correction plan over the license or inspection with the fee. This report for a correction plan is not an other reporting as required by public access to the fee. If the department issues a copy of a warning letter and/or penalty for lack of compliance with the findings of a license finding, you will be given 30 days to submit a correction plan to resolve the noncompliance.

Name: Certified Center / Licensed Center
 Address: 1234 Main Street
 Provider Number / Facility Director
 700000000 / 000-000-0000

Address: Facility Director / Day Care Center
 4567 Main Street / Detroit, MI 48201
 Telephone Number
 313-555-1234
 Date Registered With
 01/01/2005

Facility Name Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
200000000 Child Record - Health History Description: Child does not have a health history record. The child has a medical condition which requires a plan of care, and the provider reported not knowing the proper steps in case of medical emergency.	I DO know the proper steps and a new health history is on file. Child has been in care for 3 years.	5-16-25	
200000000 Current Accurate Daily Attendance Record Description: The license holder not maintain a current and accurate written record of daily attendance when the children arrived at the center and when their arrival time was not recorded. Report violation previously cited on 02/12/2024	I will record as soon as they come in the door.	5-15-25	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Annie's Little Munchkins

7000579097 / 001 - 2002499

Address - Facility (Street, City, State, Zip Code)
4381 Juliana Ln Deforest WI 536321874

Telephone Number
808-676-2079

Date - Regulation Visit
5/15/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: The provider did not have documentation for the 12-month period for the required continuing education training. Additionally, the provider reported that they have not completed the 15-hour training requirements.	I will complete all required on a yearly basis not only partial	5-15-25	
4 250.055(1)(h) Provider Other Activities Or Occupations Description: The provider was engaged in other activities during the hours of operation when they reported that they were doing their continuing education and observing the children as part of the course work.	I was working on continuing education credits, but will do so off hours, even if the question asks to watch	5-15-25	
5 250.06(2)(e) Potential Source Of Harm On Premises Description: The indoor space was not free of hazards when there was an open soda can accessible to a toddler. Additionally, there were loose plastic bags accessible to children in the bathroom.	Soda can was in my reach and when Kim was talking I moved it to the counter	5-15-25	

Didn't know there was one on the table otherwise would have been removed and

Name: Certified Operator / Licensed Center

Provider Number / Facility ID Number

Anna's Little Munchkins

7000870007 / 001 - 2012499

Address: Facility Street, City, State, Zip Code

Telephone Number

Date: Inspection Visit

4301 Juliana Ln Chesapeake VA 220321874

808-878-2078

5/15/2025

	Rule/Statute Number Notes/Compliance Statement	Correction Plan	Expected Completion Date	Verification Date
8	<p>220.07(8)(i) Premises: Condition & Repair</p> <p>Description: The premises was not in good repair and in a sanitary condition when the provider reported that children broke off a child proof device while she was using her continuing education. Additionally, food was smeared on the children's table from the day before and the provider reported that they did not wash the table.</p>	<p>A child snapped the plastic roof vinyl cover off, so I super glued it on. Table will be washed daily</p>	<p>5-15-25</p>	
8	<p>220.07(1)(b) Daily Activities: Plan For Age & Development Levels</p> <p>Description: The provider did not plan daily activities according to the age and developmental level of each child when a toddler was placed in a highchair to work on flash cards with school aged children.</p>	<p>There will all ages of children and we were getting ready for lunch. I will wait until lunch is over</p>	<p>5-15-25</p>	
8	<p>220.07(8)(f)1.a. Medication Administration: Parent Authorization</p> <p>Description: A medication authorization had a blanket authorization which is prohibited.</p>	<p>No date but signature parent dated that day</p>	<p>5-15-25</p>	

Name - Certified Operator / Licensed Center Annie's Little Angels		Provider Number / Facility ID Number 7000879087 / 001 - 2002488	
Address - Facility (Street City, State Zip Code) 4381 Julian Ln Detroit MI 48221874		Telephone Number 808-578-2078	Date - Regulation Visit 8/18/2028
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
0	293.078(1)(B) Medication Administration - As Labeled & Authorized Description: Medication intended for use was being kept at the center without a current authorization and the remaining medication expired in September 2024.	Parent dated and brought new one	5-15-29 5-16-29

[Faint handwritten notes, possibly bleed-through from the reverse side of the page]

NAME - Agency Worker
Kimberly Liebhart

Date Issued
8/2/2028

SIGNATURE - Certified Operator or Designee / Licensee or Designee

[Handwritten signature]

Date Signed

07-10-29