

Date Correction Plan Due
5/10/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

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. The form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(f) 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

Amie's Little Munchkins

7000579097 / 001 - 2002499

Address - Facility (Street, City, State, Zip Code)

4551 Juliana Ln DeForest WI 535321874

Telephone Number

608-576-2079

Date - Regulation Visit

5/20/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(5)(b) Current, Accurate Daily Attendance Record Description: Attendance records did not include the child's birthdate. Repeat violation: Previously cited on 9/29/2025, 5/15/2025, 6/27/2024	Birthdates will be listed	05-21-26	
2 250.05(2)(c) Staff File - Days, Hours Worked Description: Provider did not document the actual days and hours worked for the week.	Will document my hours	5-20-26	

Name - Certified Operator / Licensed Center

Anna's Little Munchkins

Address - Facility (Street, City, State, Zip Code)

4331 Juliana Ln Detroit MI 48216-1874

Provider Number / Facility ID Number

0000570007 / 001 - 2000400

Telephone Number

800-378-2078

Date - Registration Visit

5/20/2026

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

3 250.0761(c)
Cots - Sleep Surface & Placement - Child 1 Year And Older

Description: Each child one year of age and older was not provided one of the following sleep surfaces: 1. A cot, 2. A cot, 3. A padded mat, 4. A sleeping bag, 5. A crib or playpen, when a child was observed sleeping on a large floor blanket.

Cots and sleeping bags are provided

05-21-26

4 250.0761(f)
Current Authorizations For Medications On Premises

Description: Expired prescription medication and parent authorization form were kept on premises.

New medication and parent authorization was updated

05-21-26

NAME - Agency Worker

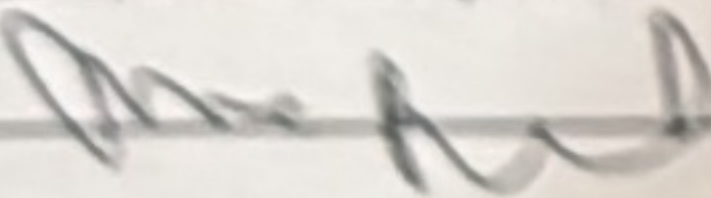
Rebecca Bickler



Date Signed

5/27/26

SIGNATURE - Certified Operator or Designer / Licensee or Designer



Date Signed

05-27-26