Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
5/15/2026		920-785-7811

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		Provider Number / Facility ID Number	
Little Miracles Family Childcare		5000590385 / 002 - 2008759	
Address - Facility (Street, City, State, Zip Code) 2724 Finger Rd Green Bay WI 543025126	**Telephone Number** 920-713-1509	**Date - Regulation Visit** 5/1/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4. **Child Record - Physical Exam** Description: Based on record review on 5/1/26 according to the Child Record Checklist Child 3 failed to have a health report on file.	Mom was able to send to Provider. Child after visit Summary has been added to her file	Completed on May 3rd 2026	
2	250.05(4)(b) **Emergency Back-Up Provider - Orientation** Description: Based on record review on 5/1/26 according to the Staff Record Checklsit Staff Member 2 Emergency back up provider failed to have orientation and Abusive Head Trauma on file.	Staff Record Checklist has been started. Abusive head trama —> (haven't found a date yet!	June 2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.06(7)(b)3. **Window Screens** Description: Based on observation of the center the Patio screen/door within the kitchen is broken, and the window screen within the front living room has a large hole. Both screens are accessible to children.	Window ~~Based~~ screen was fixed 5/1/2026.	Complete 5/1/2026	
4	250.07(7)(a) **Pets & Animals - Health & Immunization** Description: Based on observation and record review a cat was on the premise. The licensee failed to have documentation of the pet/animal vaccination records.	Pet has been remained until 6/22/2027 @ 1pm. Pet will be getting her rabbies vaccation Provider will update policy once complete.	Complete 6/22/26	
5	250.07(7)(c) **Pets & Animals - Notification** Description: Based on record review the programs policies and procedures failed to reflect the number of pets within the center.	Pet will not engage with Children at all!		

NAME - Agency Worker
Cassandra Debauche

Date Issued
5/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
5/27/2026