Date Correction Plan Due 2/11/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 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 applicabl 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 Schoo 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 specialis 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 completic 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 th 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 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center	**Provider Number / Facility ID Number**
Day Dreams Family Child Care	2000575692 / 001 - 430874

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
417 Jackson St Wild Rose WI 549846850	920-229-4136	1/7/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Based on record review on 1/7/26 according to the Staff Record Checklist Staff Member A failed to have Biennial Child Abuse and Neglect Training on file.	Will Take the mandated reporter training imediatly.	February 1, 2026	
2	250.05(4)(c)1. **Continuing Education - Requirement & Training Topics** Description: Based on record review on 1/7/26 according to the Staff Record Checklist Staff Member A failed to meet the continuing education requirements for 2025. The provider had 6 hours of continuing education on file. Staff Member A is required to have 15 hours annually.	Will have 15 hours of continuing education annually moving forward Will take aditional hours in 2026 to make up for 2025 shortfall	June 1, 2026	

RECEIVED
NERO - GREEN BAY
FEB 0 1 2026
DEPT. OF CHILDREN & FAMILIES

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Day Dreams Family Child Care		2000575692 / 001 - 430874	
Address - Facility (Street, City, State, Zip Code) 417 Jackson St Wild Rose WI 549846850	**Telephone Number** 920-229-4136	**Date - Regulation Visit** 1/7/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.09(1)(c)4. **Infant & Toddler - Soft Materials In Cribs** Description: Based on observation an infant had a pacifier with an attached object used for nap time.	No longer using the "wubby" brand soother at naptime in the crib.	January 8, 2026	

NAME - Agency Worker
Cassandra Debauche

Date Issued
1/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kathleen Williams

Date Signed
01-28-26