

Date Correction Plan Due 3/9/2026	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.

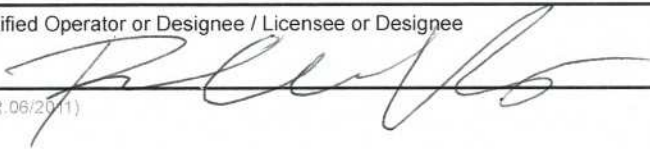
Name - Certified Operator / Licensed Center Cuddle Care Of Howard		Provider Number / Facility ID Number 3000591803 / 001 - 2007030		
Address - Facility (Street, City, State, Zip Code) 1765 Velp Ave Green Bay WI 543036445		Telephone Number 920-494-1156	Date - Regulation Visit 2/18/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B did not have documentation on file of a current certificate of completion for infant and child cardiopulmonary resuscitation and automated external defibrillator use from an agency approved by the Department. Repeat violation: Previously cited on 10/31/2024	Staff B have completed a approved training for Infant and Child Cardiopulmonary Resuscitation.	03/04/2026	

NAME - Agency Worker
Erin Taylor

Date Issued
2/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



03/04/2026



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DATE ISSUED
04 Mar 2026

RENEW BY
04 Mar 2028

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NATIONAL COGNITIVE EVALUATION IN ACCORDANCE WITH PROTRAININGS
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