

Date Correction Plan Due 3/20/2025	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)(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 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	
Oh My Darling Child Care Llc		5000590535 / 001 - 2005602	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
2490 Bluestone Pl Green Bay WI 543116432		920-264-6494	3/5/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a)8. Child Record - Physical Examination Description: Based on record review on 3/5/25 according to the Child Record Checklist Child 2 failed to have a updated health report on file.	will go through all files, and make sure all are up to date and give forms to those who need them	Asap
2	251.04(8)(a) Mandated Reporting - Child Abuse & Neglect Description: Based on record review on 3/5/25 according to the Staff Record Checklist Staff Member A and Staff Member C failed to have biennial child abuse and neglect on file.	Staff had this done, just needed to be updated, so all staff will update now	Asap

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3 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Based on record review on 3/5/25 according to the Staff Record Checklist Staff Member B and Staff Member E failed to have a Health Report on file.	Staff were reminded to make the appointment to get their physical	Asap		
4 251.05(2)(a)4.a. Staff Record - Registry Certificate Description: Based on record review on 3/5/25 according to the Staff Record Checklist Staff Member E failed to have a Registry Certificate on file.	I will be helping her set this up	Asap		
5 251.05(3)(b) Abusive Head Trauma Prevention Training Description: Based on record review on 3/5/25 according to the Staff Record Checklist Staff Member D and Staff Member E failed to have Abusive Head Trauma/SBS on file prior to working with children.	Staff were sent the link and take the course	3-10-25		

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6	<p>251.05(3)(c) Cardiopulmonary Resuscitation Training</p> <p>Description: Based on record review on 3/5/25 according to the Staff Record Checklist Staff Member B, Staff Member D and Staff Member E had CPR on file however it failed to be an approved CPR course by the department.</p>	<p>Staff will take Cpr that is approved by CDF</p>	<p>3-10-25</p>	
7	<p>251.05(4)(a) Staff Orientation - Develop, Implement, Document</p> <p>Description: Based on record review on 3/5/25 according to the Staff Record Checklist Staff Member B failed to have orientation on file.</p>	<p>Her orientation was misplaced so we did it again</p>	<p>3-5-25</p>	

NAME - Agency Worker
Cassandra Debauche

Date Issued
3/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Angela Dase

Date Signed
3-7-25