

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
920-785-7811

Date Correction Plan Due
3/26/2026

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. 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
Oh My Darling Child Care Llc
Provider Number / Facility ID Number
5000590535 / 001 - 2005602

Address - Facility (Street, City, State, Zip Code)
2490 Bluestone Pl Green Bay WI 543116432
Telephone Number
920-264-6494
Date - Regulation Visit
1/22/2026

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(4)(c) Naps Or Rest Periods - Sleeping Surfaces - Children Under 1	Description: Based on observation an infants crib mattress is being elevated using a blanket rolled up and placed under the crib mattress, so the mattress is not flat. A doctors note from 6/14/25 states to elevate the crib however the program is elevating just the mattress not the crib. This makes an unsafe sleep surface.	Took blanket out, will find safe way to elevate crib.		
2 251.07(6)(dm)4. Medical Log - Reviewing Injury Records	Description: Based on record review on 1/22/26 the program failed to review the medical log book every 6 months.	Reviewed books, set a reminder so I don't forget.		

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3 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Based on record review on 1/22/26 medication is onsite and being used with an expired authorization medication form. The medication authorization form expired on 12/2025.	They updated the med form, that is given daily to the child.		
4 251.09(1)(m) Infant & Toddler - Audio Monitoring Description: Based on observation an audio monitoring device is not being used in the nap area where children under the age of one are sleeping.	We ordered 2 used them right away,		

IAME - Agency Worker
Assandra Debauche

Date Issued
3/12/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Angela Dae

Date Signed
3-13-26