

Date Correction Plan Due
6/6/2025

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 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 My Dream Center **Provider Number / Facility ID Number** 6000592556 / 002 - 2007700

Address - Facility (Street, City, State, Zip Code) 279 Dream Catcher Dr Kewaskum WI 530409342 **Telephone Number** 262-626-1069 **Date - Regulation Visit** 5/8/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Based upon record review a child under 2 years old enrolled in care did not have a child health report within their file.	The under age child gave me a copy of the report	5-23-25	
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Based upon record review, a child between the ages of 2 and 5, enrolled in care did not have a child health report in their file.	The over age children went to the doc. for the signed paperwork RECEIVED	4-3-25 6-5-25	

NERO - GREEN BAY

NAME - Agency Worker
Amanda Holz

JUN 09 2025

Date Issued
5/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Mallene B. Blalock

DEPT. OF CHILDREN & FAMILIES

Date Signed

6-6-2025