

Date Correction Plan Due 9/18/2025	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)(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 Small Steps - Great Expectations		Provider Number / Facility ID Number 4000572034 / 002 - 2004961		
Address - Facility (Street, City, State, Zip Code) N4422 Van Treeck Trl Sheboygan Fls WI 530852754		Telephone Number 920-287-8161	Date - Regulation Visit 9/4/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Based upon record review Child 4 did not have immunizations on file during the review.	This school age child's last day was 8/19/2025. In the future I will do a better job of getting all records before a child enrolls.	9/5/2025	
2	250.07(6)(h)4. Wet Or Soiled Diapers Or Clothing Description: Based upon observation a child in care had an accident and was not promptly changed while	I will bring extra clothes outside, so that changings wet clothes does not require giong inside the house.	9/5/2025	

NAME - Agency Worker
Amanda Holz

Date Issued
9/4/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

B. White

Date Signed
9/14/2025