Date Correction Plan Due 11/9/2026	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		Provider Number / Facility ID Number	
Erika Gutierrez Family Child Care Center		5000586895 / 001 - 2004116	
Address - Facility (Street, City, State, Zip Code) 1756 Lilac Ln Green Bay WI 543022316	**Telephone Number** 920-327-0246	**Date - Regulation Visit** 10/26/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4. **Child Record - Physical Exam** Description: Based on record review on 10/26/26 according to the Child Record Checklist Child 1, Child 6, and Child 7 failed to have a health report on file.	I receive the medical record 11-6-26	11-6-26	11-6-26
2	250.06(3)(b) **Emergency Plans - Practice** Description: Based on record review the center failed to practice a fire drill in the month of September 2026.	I did the fire drill oct 26	10-26-26	10-26-26

RECEIVED
JERO - GREEN BAY
NOV 13 2026
EPT. OF CHILDREN
& FAMILIES

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.06(4)(a)3. **Smoke Detectors - Testing** Description: Based on record review the center failed to test the smoke detectors in the month of September 2026.	I did put new batteries and test	10-28-26	10-28-26
4	250.06(4)(a)4. **Smoke Detectors -Batteries** Description: Based on observation on 10/26/26 one of the smoke detectors in the basement failed to be working and needed to have the battery replaced. The smoke detector was making a chirping sound during the visit. The provider has interconnected smoke detectors.	I did put new batteries	10-28-26	10-28-26

Erika Gutierrez 11.9.26

NAME - Agency Worker
Cassandra Debauche

Date Issued
10/26/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Erika Gutierrez

Date Signed