DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/17/2026		715-930-1148

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 applicabl 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 Schoo 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 specialis 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 completic 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 th 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 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
All My Friends Childcare Llc		8000591298 / 001 - 2006469
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
1225 Charlotte St Hammond WI 540159621	715-222-9035	9/1/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(2)(a) **Group Size - Maximum** Description: The staff-to-child ratio for children under age 18 months is 1 staff to 4 children (1:4). Staff-to-Child ratios were not being met in the Fox room, when reviewing the child attendance records for the week of August 24, 2026, there was a total of 6 children, at least 2 of these children were under the age of 18 months, being cared for by one child care worker. On the day of the monitoring visit, a staff member was alone in the from the Raccoon room with 10 children ages 12 months to 4 years.	Reread number scale. Will comply from now on. When we have children under 1.5 we will only have 4:1 per staff member. No child under 1.5 will be in a group of more then 8.	9/21/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	251.07(6)(f)6. **Current Authorizations For Medications On Premises** Description: The center did not have a current parent authorization form for one child's over-the-counter medication. A current medical authorization from the parent is required when medication is kept on the daycare premises. Repeat violation: Previously cited on 3/11/2026	Medicine sent home We will have parent take meds home as the instructions say. We will have parents sign a new form every time they bring in meds.	9/21/26	
3	251.09(1)(am) **Infant & Toddler - Intake Information** Description: The Intake for Children Under 2 form shall be at the center before the child is left for care on the first day of attendance. Child #3 did not have this form on file. Repeat violation: Previously cited on 4/22/2025	Paperwork completed We will have parents fill in intake ~~#3~~ ~~#10~~ forms when they enroll there children and every 3 months.	9/21/26	

NAME - Agency Worker
Wendy Badzinski

Date Issued
9/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
9/21/26