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To: Michele Garcia

608-422-6766

From: Little Family
Daycare

608-655-1133

Date Correction Plan Due 8/19/2025 **NONCOMPLIANCE STATEMENT AND CORRECTION PLAN** **TO FILE A COMPLAINT CALL** 608-422-6765

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 202.095, DCF 250.04(2)(f) 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, 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

Schools Out

7000586237 / 001 - 1016071

Address - Facility (Street, City, State, Zip Code)
369 Williams St Marshall WI 53559

Telephone Number
608-655-1588

Date - Regulation Visit
8/4/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Documentation of days and hours worked when the person is included in staff to child ratio was not maintained by the center.	Print out check in + out sheets for teacher's working.	8-30-25	
2	251.07(6)(c)3. Ill Child - Equipment Description: The center does not have proper equipment to provide a child when ill such as a cot or padded mat with sheet and blanket.			

NAME - Agency Worker
Michelle Garcia

Date Issued
8/5/2025

SIGNATURE Certified Operator or Designee / Licensee or Designee

Date Signed

Joan Jansen

8-7-2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

Date Correction Plan Due
8/19/2025

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Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Little Family Day Care

7000686237 / 002 - 1016072

Address - Facility (Street, City, State, Zip Code)

Telephone Number

Date - Regulation Visit

102 Lothe Rd Marshall WI 53559

608-655-3653

8/4/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)2 Staff Record - Completed Background Check	Description: A staff member has been working at the center without completing a background check prior to working with children.	Background check done ASAP	8-30-25	

NAME - Agency Worker
Michelle Garcia

Date Issued
8/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Juicy Howard

Date Signed
8-1-2025