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
7/2/2026		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 202.065, 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
Little Ponies Childcare		7000589637 / 001 - 2004253
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
334 S Main St Monticello WI 535709593	608-215-3389	6/16/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. **Child Record - Health History** Description: Child 2 did not have documentation of health history information on file. Repeat violation: Previously cited on 7/24/2025	I have recieved child 2's health history form. I put it in their file.	7/2/26	
2	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff A and B did not have documentation of having completed biennial child abuse and neglect training at least every 2 years as required. Repeat violation: Previously cited on 7/24/2025	Staff A and B have completed their Child Abuse + Neglect training and I have emailed the cirtificates to the licensing specialist.	7/2/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(4)(c)1. **Continuing Education Requirement - Full Time Staff** Description: Staff B did not have not have documentation of completing 15 hours of continuing education in a 12 month period.	Staff B will complete 15 hours of continuing education for the year 2026/2027		

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
6/18/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed 7/1/26