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 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	
My Little Home Child Care		0000590940 / 001 - 2006094	
Address - Facility (Street, City, State, Zip Code) 1619 Ranchland Dr Green Bay WI 543042922	**Telephone Number** 920-371-7295	**Date - Regulation Visit** 7/28/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. **Child Record - Health History** Description: Based on records review, the program did not have a Health History and Emergency Care Plan on file for child # 1. Los registros revisados no tenian el formulario Historial de Salud y Plan de Cuidado de Emergencia para el nino # 1.	Le di la forma a la mamá del niño x ella la lleno y me la entrego.	08/03/2026	
2	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Based on records review, the program did not have a current health exam on file for child # 4. Los registros revisados del programa no tenian un examen de salud actualizado para el el nino # 4. Repeat violation: Previously cited on 8/20/2025	Le di la forma a la mama x ella dijo q' la iba a llevar a q' la llenerra el Dr., pero que no sabia si iba a tener tiempo xa que el niño iba a dejar de venir al daycare.	08/14/2026	

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3	250.06(11)(b)4. **Outdoor Play Space - Enclosure** Description: There was a section of the fence approximately 7 foot long where the fence was 2 inches short of the required 4-foot height. Hay una porcion de la cerca de aproximadamente 7 pies de largo que esta dos pulgadas corta de los 4 pies de altura requeridos.	Vamos a hacer una pequeña sanja de 2 pulgadas para q' las medidas coincidan con las requeridas, así escarbando esa 2 pulgadas alrededor de la cerca cumplirémos este requerimiento	08/14/2026	
4	250.06(2)(n)1.a. **Radon - Testing** Description: The providers' Radon test expired on 10/09/2025. La prueba de Radon del programa expiro el 9 de October de 2025.	Voy a adquirir un kit de prueba	08/28/2026	

Date Issued

NAME - Agency Worker
Gloribel Tegen

Date Signed

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Araceli Rodriguez. 8/17/2026