

Date Correction Plan Due 8/22/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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.

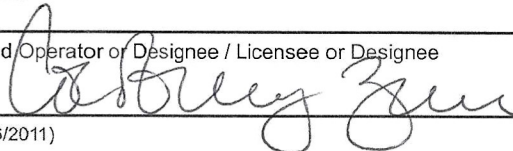
Name - Certified Operator / Licensed Center Small World Childcare		Provider Number / Facility ID Number 2000560482 / 001 - 120274		
Address - Facility (Street, City, State, Zip Code) 107 2Nd St New Glarus WI 53574		Telephone Number 608-527-2954	Date - Regulation Visit 8/7/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(3)(cm) Child Abuse & Neglect - Biennial Training</p> <p>Description: Staff A did not have documentation of having completed child abuse and neglect training within the first week of working at the center.</p>	<p>all staff will have child abuse + neglect training documented and completed within their first week.</p>	<p>8/12/25</p>	
2	<p>251.06(9)(d)2.a. Food Storage - Dry Food</p> <p>Description: Dry foods were not stored in bags with zip-type closures or metal, glass or food grade plastic when two bags of noodles were found in the pantry without an appropriate closure.</p> <p>Repeat violation: Previously cited on 6/6/2024</p>	<p>all dry foods will be stored in a sealed or zip type enclosed container.</p>	<p>8/12/25</p>	

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3	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Written authorizations for medications found in multiple classrooms had blanket authorizations that exceeded the length of time specified on the label which is prohibited.	all medication authorization forms will have the proper length of time (for use in the center) specified on these forms.	8/12/25

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
8/8/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

8/11/25