

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
7/31/2024

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 202.065, 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 Hands LLC

8000581578 / 001 - 1011034

Address - Facility (Street, City, State, Zip Code)
S10221 County Road C Sauk City WI 53583

Telephone Number
608-544-3227

Date - Regulation Visit
7/15/2024

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected Completion Date

Verification Date

1 250.05(3)(fm)

Biennial Training - Child Abuse & Neglect

Description: Staff A is missing documentation of having completed training in child abuse and neglect laws within the past two years.

Repeat violation: Previously cited on 6/23/2023

I will do the online training on the Dcf website

8/10/24

2 250.06(2)(c)

Access To Materials Potentially Harmful To Children

Description: A large bottle of liquid cleaner was stored in the children's bathroom vanity cabinet where the child-proof lock was broken. This item was immediately moved out of children's reach.

The supply that was under the Sink is stored on the top shelf of cupboard in bathroom

7/15/24

Name - Certified Operator / Licensed Center

Little Hands Lic

Provider Number / Facility ID Number

8000581578 / 001 - 1011034

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

S10221 County Road C Sauk City WI 53583

Telephone Number

608-544-3227

Date - Regulation Visit

7/15/2024

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker
Amy Anderson

Date Issued
7/17/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Tracy Speck

Date Signed

8/5/24