Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/20/2026		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	
Little Lambs Childcare		7000592597 / 001 - 2007737	
Address - Facility (Street, City, State, Zip Code) 325 E Decorah Rd West Bend WI 530954005	**Telephone Number** 262-343-1087	**Date - Regulation Visit** 9/29/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. **Child Record - Health History** Description: Based on records review, the Health History Information form for child #8 was missing the parents' signature.	gave sheet to parents to have them sign	10/5/26	
2	251.04(6)(a)8.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Based on records review, the health exams on file for child #1, child #3 and child #6, were expired. Also, the program did not have health exams on file for child #2, child #4, #5, and child #7.	I emailed all families a copy of the form with a date that I needed them returned	10/31/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Based on records review, the program did not have a health exam on file for staff member B after 30 days of employment. Repeat violation: Previously cited on 3/30/2026	Staff member was given form to get it completed. She will bring it back after appointment in Nov.	11/5/26	
4	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Based on records review, the CPR training certificate for staff member C was not provided by an agency approved by the Department.	Signed up staff member for training through Pro Training	10/15/26	
5	251.05(3)(cg) **Training - Pediatric First Aid.** Description: Based on records review, the program did not have the Pediatric First Aid training certificate on file for staff member C.	Signed up staff member for training through Pro Training	10/15/26	

NAME - Agency Worker
Gloribel Tegen, Catherine Christopherson

Date Issued
10/6/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Mari Leininger

Date Signed
10/16/26