

Date Correction Plan Due 5/19/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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 Little Spartans Child Development Center		Provider Number / Facility ID Number 0000587480 / 002 - 2002998		
Address - Facility (Street, City, State, Zip Code) 4604 Siggelkow Rd Suite D Mcfarland WI 535588853		Telephone Number 608-838-0171	Date - Regulation Visit 5/1/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #2 did not have an updated health report on file.	ASK Parent for an updated health report.	6/1/25	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B did not have a completed CPR within 3 months of beginning work.	We are including that staff member in our bi annual training coming up	8/1/25	

Little Spartans Child Development Center

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

4604 Siggelkow Rd Suite D Mcfarland WI 535588853

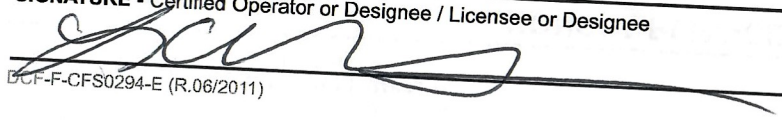
Telephone Number
608-838-0171

Date - Regulation Visit
5/1/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(3)(b)2. Emergencies - Practice Written Plans Description: According to staff the center does not practice fire evacuation or tornado drills on a monthly basis.	We do, staff are now full time and may have missed but is now is trained for the second time on what to do	5/6/25	
4	251.06(3)(b)3. Emergencies - Staff Responsibilities Description: Staff members were unable to describe their duties in case of a tornado.	This was part of training. I went over the process again.	5/6/25	
5	251.07(5)(a)5.b. Menus - Plan Description: Menus were not dated.	Notified kitchen staff to date	5/6/25	

NAME - Agency Worker
Michelle Garcia

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Issued
5/5/2025

Date Signed

5/6/25