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| <b>Date Correction Plan Due</b><br>12/5/2024 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>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.

| <b>Name - Certified Operator / Licensed Center</b><br>Tammy's Little Sweethearts Llc           |   | <b>State of Wisconsin</b>   | <b>Provider Number / Facility ID Number</b><br>5000555775 / 001 - 120715 |   |
|--|---|---|--|---|
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>149 Highwood Dr Edgerton WI 53534 |   | Received<br><b>JAN 31 2025</b><br>DCF DECE BECR<br>SOUTHERN<br>REGIONAL OFFICE  | <b>Telephone Number</b><br>608-884-9571                                  | <b>Date - Regulation Visit</b><br>8/21/2024 |
|  | <b>Rule/Statute Number<br/>Noncompliance Statement</b>  | <b>Correction Plan</b>  | <b>Expected<br/>Completion Date</b>                                      | <b>Verification<br/>Date</b>                |
| 1  | 251.05(3)(b)<br><b>Abusive Head Trauma Prevention Training</b><br><br>Description: Staff B did not have documentation of completed Abusive Head Trauma Prevention Training on file prior to working in the program as required.       | He will have to take<br><del>the</del> training for<br>Abusive head<br>Trauma Prevention<br>Training for child<br>care providers. | June 28 25   |   |
| 2  | 251.05(3)(c)<br><b>Cardiopulmonary Resuscitation Training</b><br><br>Description: Staff B did not have documentation on file of current infant/child CPR training as required.<br><br>Repeat violation: Previously cited on 12/7/2022 | He will have to take<br>a cpr class.  | June 2025.   |   |

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| Address - Facility (Street, City, State, Zip Code)<br>149 Highwood Dr Edgerton WI 53534 |   | Telephone Number<br>608-884-9571                                  | Date - Regulation Visit<br>8/21/2024          |
|   | Rule/Statute Number<br>Noncompliance Statement  | Correction Plan   | Expected Completion Date<br>Verification Date |
| 3   | 251.05(3)(cm)<br>Child Abuse & Neglect - Biennial Training<br><br>Description: Staff B did not have documentation of completed Child Abuse and Neglect Prevention training on file as required. | He will educate himself on Child Abuse & Neglect.                 | June 2025                                     |

NAME - Agency Worker  
Jenny Sweeney

Date Issued  
11/21/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Tammy Sitala*

Date Signed

1-28-2025

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