[redacted]

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TOTAL NUMBER OF COMPLAINT DEFICIENCIES
[redacted]		[redacted]

[redacted]

Name of Certified Operator / Licensed Center	Provider Number / Facility Director
[redacted]	[redacted]

Address / Facility Street, City, State, Zip Code	Telephone Number	Date Regulation Text
[redacted]	[redacted]	[redacted]

	Citation Number / Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	[redacted]	I Do know the Proper steps and a new health history is on file. Child has been in care for 3 years	5-16-25	
2	[redacted]	I will record as soon as they come in the door	5-16-25	

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Annie's Little Munchkins	7000579097 / 001 - 2002499

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4381 Juliana Ln Deforest WI 535321874	608-676-2079	5/15/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(4)(c)4. **Continuing Education - Documentation Of 12 Month Period** Description: The provider did not have documentation for the 12-month period for the required continuing education training. Additionally, the provider reported that they have not completed the 15-hour training requirements.	I will complete all required on a yearly basis not only Partial	5-15-25	
4	250.055(1)(h) **Provider Other Activities Or Occupations** Description: The provider was engaged in other activities during the hours of operation when they reported that they were doing their continuing education and observing the children as part of the course work.	I was working on confinuinged credits, but will do so off hours, even if the question asks to watch	5-15-25	
5	250.06(2)(e) **Potential Source Of Harm On Premises** Description: The indoor space was not free of hazards when there was an open soda can accessible to a toddler. Additionally, there were loose plastic bags accessible to children in the bathroom.	Soda can was in my reach and when Kim was talking I moved it to the counter Didnt know there was one on the table otherwise would of been removed and	5-15-25	

DCF-F-CFS0294-E (R.06/2011)

Name : Certified Operator / Licensed Center
Annie's Little Munchkins

Provider Number / Facility ID Number
1000579097 / 001 : 2002499

Address : Facility (Street, City, State, Zip Code)
4381 Juliana Ln Delafield WI 530421874

Telephone Number
608-678-2079

Date : Regulation Visit
5/15/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6	250.05(5)(m) **Premises : Condition & Repair** Description: The premises was not in good repair and in a sanitary condition when the provider reported that children broke off a child proof doorknob while she was doing her containing education. Additionally, food was smeared on the children's table from the day before and the provider reported that they did not wash the table.	A child snapped the plastic door knob cover off, so super glued it on. Table will be washed daily	5-15-25	
9	250.05(1)(b) **Daily Activities : Plan For Age & Development Levels** Description: The provider did not plan daily activities according to the age and developmentally level of each child when a toddler was placed in a highchair to work on flash cards with school aged children.	There will all ages of children and we were getting ready for lunch, & will wait until lunch is served children to transfer	5-15-25	
6	250.07(6)(f)1.a. **Medication Administration : Parent Authorization** Description: A medication authorization had a blanket authorization which is prohibited.	No date but signature Parent date that day	5-15-25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Annie's Little Munchkins		7000879097 / 001 - 2002499	
Address - Facility (Street, City, State, Zip Code) 4381 Juliana Ln Oakwood IN 536321874	Telephone Number 608-578-2079	Date - Regulation Visit 5/15/2025	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
9 250.0706(b) **Medication Administration - As Labeled & Authorized** Description: Medication intended for use was being kept at the center without a current authorization and the lifesaving medication expired in September 2024.	Parent dated and brought new one	5-15-25 5-16-25	

NAME - Agency Worker
Kimberly Liebhart

Date Issued
6/9/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
07-10-25