Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/7/2026		715-361-7700

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 Wonders Child Care	1000559641 / 001 - 630464

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
800 Francis St Stevens Point WI 544814643	715-341-5873	7/22/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. **Child Record - Health History** Description: Child 1 and 2 did not have health history information on file.	Parents were given another set of forms to fill out on 7-22-26. Returned them after they got back from Vacation on 8-3-26.	8-3-26	
2	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child 1 and 2 did not have record of immunizations on file.	Parent were asked to get a copy of Immunizations on 7-22. Will contact clinic for copy when they return from vacation on 8-3-26	8-5-26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Current record of child abuse and neglect training was not on file.	I will be leaving for vacation tomorrow and returning on Aug 17. I will take care of this after I return. Can you please send me the link to complete this training	8-31-26	
4	250.06(2)(n)5. **Radon - Continuous Testing** Description: The continuous radon test due in July 2025 was not conducted. Repeat violation: Previously cited on 9/15/2025	I have purchase yet another Radon test. I will do the test after vacation on 8-17. Hopefully the results will be sent back to me this time.	8-31-26	
5	250.06(3)(b) **Emergency Plans - Practice** Description: Fire and tornado drills were not conducted in May or June.	Fire drill was done on 7-27-26 Tornado drill was done on 7-28-26 Also on — Tornado drill 8-3-26 Fire 8-4-26	8-4-26	
6	250.06(4)(a)3. **Smoke Detectors - Testing** Description: Smoke detectors were not tested in May or June.	Smoke detectors were tested on 7-27-26 and again on 8-4-26	8-4-26	

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7	250.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: Three medications did not have a parent authorization to administer on file.	Parent filled out the authorization forms for all meds. She also added a file folder in his backpack with directions from doctor on how to administer med, if need	8-3-26	
8	250.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: Two medications did not contain the prescription label with the child's name and directions for dosage and administration.	The new refills for meds have better directions and name on them	8-3-26	

NAME - Agency Worker
Heather Struck

Date Issued
7/24/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Joan Yaeth

Date Signed
8-5-2026