

Date Correction Plan Due 10/17/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Dumplings Early Learning Ctr		Provider Number / Facility ID Number 6000566486 / 002 - 1008540		
Address - Facility (Street, City, State, Zip Code) W379n6160 N Lake Rd Oconomowoc WI 530665901		Telephone Number 262-560-2273	Date - Regulation Visit 10/2/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. Child Record - Health History Description: Child 2's health history information did not include additional information needed when a health condition is identified.	The child's health history form noted seasonal allergies but did not include an action plan. The parent has since completed the required health action plan form, outlining the appropriate steps to manage the child's allergy symptoms.	10/07/25	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff B did not have documentation of a physical exam completed either 30 days after start date or from one year prior to start date.	Staff B was rehired after a previous period of employment and mistakenly believed that the prior health report was still valid. Upon realizing the requirement, Staff B contacted their doctor and has made an appointment to complete the physical exam as required	11/07/25	

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3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff E's CPR training was not completed through a department approved trainer.	Staff E initially completed a CPR course that was not approved by the Department of Children and Families. They have since enrolled in the correct, department-approved CPR training.	11/07/25	
4	251.06(9)(d)2.a. Food Storage - Dry Food Description: Opened cheese puffs were not stored in a food grade sealed container.	A staff member took a bag of cheese puffs for snacking and returned it to the kitchen without properly sealing it in a food-grade container. The staff member was reminded that all opened food items must be stored in sealed, food-grade containers. Food was put in a food safe container and dated immediately at time of visit.	10/02/25	
5	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A medication in the galaxy room did not have a signed, dated authorization from the parent including a timeframe for the authorization.	The parents were informed that a signed and dated medication authorization form was missing for administering Zyrtec prior to using the EpiPen in the event of an allergic reaction. They have been advised to complete the required form, including the timeframe for authorization	10/02/25	

NAME - Agency Worker
Cindy Matuszak, Crescenta Sabree

Date Issued
10/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Wendy Haerterich

Date Signed

10/7/2025