Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/26/2026		262-446-7800

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 Dumplings Early Learning Ctr		6000566486 / 002 - 1008540
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
W379n6160 N Lake Rd Oconomowoc WI 530665901	262-560-2273	11/5/2026

	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 all information needed when an allergy was identified, including when to call a parent regarding symptoms, and when the condition requires emergency medical care or reassessment. Repeat violation: Previously cited on 10/2/2025	We will obtain the missing allergy information from the parent and review all children's health history forms for completeness. Moving forward administration will review forms upon enrollment or adjustments and conduct regular file audits to ensure compliance	11/20/26	
2	251.08(3)(b) **Information In Vehicle - Emergency Information** Description: Of transportation permission forms reviewed, one form was not complete when the parent had not given consent for emergency medical treatment.	We will obtain the missing parental consent for emergency medical treatment and review all transportation forms for completeness Moving forward administration will verify that all required information and signatures are completed before children are transported.	11/20/26	

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NAME - Agency Worker
Cindy Matuszak

Date Issued
11/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Rebecca Maffucci

Date Signed
11/11/26