

Date Correction Plan Due 2/27/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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.

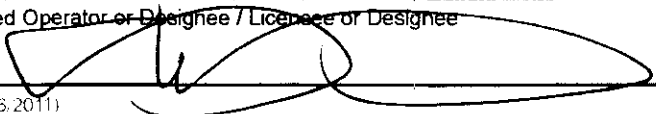
Name - Certified Operator / Licensed Center My Little Friends Childcare Center		Provider Number / Facility ID Number 6000588266 / 001 - 2001922		
Address - Facility (Street, City, State, Zip Code) 409 E School St Thorp WI 547719627		Telephone Number 715-669-7304	Date - Regulation Visit 12/18/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)2. Child Record - Emergency Medical Consent Description: Child Enrollment Form was incomplete for Child #3. Parent have not responded to the authorization for the center to administer emergency medical care/treatment.	<i>Child #3 file was updated + Child Enrollment form was properly filled out, signed & dated by parent.</i>	<i>1/6/25</i>	
2	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: No record on Child #4's last physical exam. Center may use the Child Health Report form or a report from the physician's office for obtaining the child's last physical exam within 2 years.	<i>Child #4 file was updated + Child Health Report was updated + signed by physician.</i>	<i>1/6/25</i>	

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3	251.05(2)(a)5. Staff Record - High School Diploma Description: Center did not have documentation on the completion of high school or its equivalent for a child teacher, Staff #B.	Staff B provided Documentation of High School Diploma	3/14/25
4	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Center did not have documentation to show the biannual completion of Mandated Reporter Training on Child Abuse and Neglect for Staff A. Repeat violation: Previously cited on 12/15/2023	Staff A completed proper training + documented in file + certificate is in file.	12/26/24

NAME - Agency Worker
Sou Yang

Date Issued
2/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

2/20/25