Date Correction Plan Due 8/10/2021

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 920-785-7811

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 _ittle Hands Child Care | ider Number / Facility ID Number 0571541 / 002 - 1006181 | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------|----------------------|
| Address - Facility (Street, City, State, Zip Code) 1274 Hwy 175 Hubertus WI 53033 | Telephone Number 262-628-7682 | Date - Regulation Visit 7/16/2021 | |
| Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Based upon review on July 16, 2021, Staff Members A, B, C and D of the Staff Record Checklist did not have a current certificate of completion for CPR training. | Staff will take CPR | 9/30/21 | |
| 2 251.06(11)(b)7. Outdoor Play Space - Enclosure Description: Based upon observation on July 16, 2021, there was a table pushed up against the fence, reducing the fence height in the outdoor play space. | Tables were moved away from fence. | 7/16/21 | |

| Name - Certified Operator / Licensed Center Provider Number / Facility ID Number Little Hands Child Care | | | | | |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------|----------------------|--|
| windows in | | 1000 | 571541 / 002 - 1006181 | | |
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| 3 | 251.06(4)(a) Fire Extinguishers - Operable, Inspected, Labeled Description: Based upon observation on July 16, 2021, the fire extinguishers were last inspected in October 2019. | Extinguishers were inspected | 7123/21 | | |
| | 251.06(4)(d) Exits & Passageways - Unobstructed, Minimum Width Description: Based upon observation on July 16, 2021, there was not a minimum clear width of 3 feet by the lighted exit near the infant room. | Exit will be cleared | 7/17/21 | | |
| | 251.07(4)(c) Naps Or Rest Periods - Sleeping Surfaces - Children Under 1 Description: Based upon observation on July 16, 2021, the cribs in the infant room were not placed end-to-end. | Cribs will be arranged to meet requirement | 7/29/21 | | |
| | 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Based upon review on July 16, 2021, there was an expired medication authorization in the yellow room. | medication Form will be updated | 7/22/21 | | |

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|-----------------------------------------------------------------------------------|----------------------------------|--------------------------------------|----------------------|--|--|
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| AME - Certification Worker / Licensing Specialist amie Brandt | Date Issued 7/27/2021 | | | | |
| IGNATURE - Certified Operator or Designee / Licensee or Designee | Date Signed | | | | |
| muchele J. Tutz | 8-9-21 | | | | |