Safety and Emergency

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/9/2026		608-422-6765

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 Hands Trusting Hearts Llc	7000571177 / 001 - 1003344

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
602 Madison St Sauk City WI 53583	608-643-0968	9/9/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Child 1 is overdue for their physical exam.	A new Child Health Report has been sent and received back and placed in Child's file.	10/9/26	
2	250.06(3)(b) **Emergency Plans - Practice** Description: The required monthly fire drill was not conducted in May 2026. Repeat violation: Previously cited on 10/9/2024	A fire drill has been conducted and written down on the form, in months moving forward, September and October.	10/9/26	

NAME - Agency Worker
Amy Anderson

Date Issued
9/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Heidi J. Bruchs

Date Signed
10/9/26

DCF-F-CFS0294-E (R.06/2011)