DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 10/29/2024	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL** 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**	
The Little School Inc		0000577810 / 001 - 1004418	
Address - Facility (Street, City, State, Zip Code) 1804 New Pinery Rd Portage WI 539011318	**Telephone Number** 608-742-2129	**Date - Regulation Visit** 10/9/2024	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff A did not have a physical examination report within the 30 days of being hired that indicated the person was free of illness and able to work with children.	STAFF A WILL HAVE HER PHYSICIAN COMPLETE THE PHYSICAL EXAM REPORT. THIS REPORT WILL INDICATE STAFF A IS FREE OF ILLNESS & ABLE TO WORK WITH CHILDREN.	10.11.24	
2	251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: Staff A was missing documentation of having received an orientation within the first week of being hired.	THIS DIRECTOR MET WITH STAFF A AND COMPLETED ORIENTATION. FORM DCF-F-CFS2026 WAS COMPLETED TO DOCUMENT POLICIES/PROCEDURES COVERED DURING ORIENTATION.	10.9.24	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 251.055(1)(b) **Supervision - Teacher Per Group Of Children** Description: Children were not supervised by a lead teacher.	STAFF A WILL NOT SUPERVISE CHILDREN OR BE INCLUDED IN CHILD/STAFF ~~RATIO~~ RATIOS UNTIL TRAINING REQUIRED IS COMPLETED.	IMMEDIATELY TRAINING → UNTIL COMPLETE + APPROVED @ DCF	

NAME - Agency Worker
Luzdarys Marquez

Date Issued
10/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
BETH A. LEEGE

Date Signed
10-16-2024

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STAFF RECORD CHECKLIST – GROUP CHILD CARE CENTERS
CONFIDENTIAL – DO NOT POST

dcf.wisconsin.gov

Use of form: Use of this form is voluntary. It is intended for use as a review document for all staff records by child care centers and licensing specialists. Completion of this form by licensees will help ensure compliance with DCF251.05(2)(a). Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: A separate file is required for each employee. Fill in the name, position title, and employment date. Then use the codes provided in the code key below to identify the status of the remainder of the information required to be in each staff file.

Name – Child Care Center	Facility ID Number
The Little School Inc	1004418
Address (Street, City, Zip Code)	File Review Date
1804 NEW PINERY ROAD, PORTAGE, WI 53901	10/09/24

Code Key:
- X = met
- O = not met
- ND = not yet due
- NA = not applicable

Staff Person Name and Position Title	Start Date (mm/dd/yyyy)	Staff Record form information 251.05(2)(a)1.	Preliminary Eligibility / Determination from CBU	Final Eligibility / Determination from CBU 251.05(2)(a)2	Staff Health Report – Child Care Provider 251.05(2)(a)3.	Orientation 251.05(4)(a)	WI Registry certificate 251.05(2)(a)4.	Education qualifications 251.05(2)(a)4.d.	High school diploma or equivalent 251.05(2)(a)5.	Continuing education 251.05(2)(a)7.	AHT training 251.05(3)(b)	Current infant / child CPR certificate 251.05(3)(c)	Additional Director training Table 251.05A, Table 251.05B	Biennial CAN training 251.04(8)(b)	10-hour Administrator training 251.05(3)(d)5.	10-hour infant and toddler training 251.09(1)(e)	School age education qualifications 251.094(2), (2m), (3), and (4)	Annual driver training 251.08(4)(b)	Annual Driving Record 251.08(4)(c)
A. Rachel Johanen Teacher Asistant/ Licensee	8/2024	X	X	X	O	O	X	X	X	X	X	ND	N/A	9/26	N/A	N/A	N/A	N/A	N/A
B.					10-11-2024	10-9-2024													
C.																			
D.																			
E.																			
F.																			
G.																			
H.																			
I.																			
J.																			

Information related to entry-level qualifications can be found on the DCF Internet Child Care Regulation Information for Providers page under Training https://dcf.wisconsin.gov/ccregulation/providers.

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CHILD RECORD CHECKLIST – CHILD CARE CENTERS
CONFIDENTIAL – DO NOT POST

dcf.wisconsin.gov

Use of form: Use of this form is voluntary. However, use as a review document by child care centers will help ensure compliance with DCF 250.04(6)(a) and DCF 251.04(6)(a). Licensing Specialists may also use this form during monitoring visits to document compliance with these rules. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: A check mark indicates the required information is in the child's file. First day of attendance, birthdate, and physical exam date must be entered. If additional space is needed, attach a separate sheet. Family Child Care Centers must use the department-provided forms *Child Care Enrollment* and *Intake for Child Under 2 Years.*

Name – Child Care Center	Address – (Street, City, Zip Code)	Facility ID Number
The Little School Inc	1804 NEW PINERY ROAD, PORTAGE, WI 53901	1004418

	Enrollment Information								Parental Authorizations				Health			Under 2 Intake	
Code Key: • X = met • O = not met • Y = not yet due • NA = not applicable Name – Child	Birthdate (mm/dd/yyyy)	Date First day of attendance (mm/dd/yyyy)	Parent / guardian contact information	Child home address and telephone	Persons authorized to call for / receive child	Emergency contact information	Physician / medical facility	Emergency medical care / treatment	Field trip / other off-site activity participation / transportation	Acknowledgement of the presence of pets or animals	Center-provided transportation to and from the center	Alternate arrival / release agreement	*Health History and Emergency Care Plan*	Immunization history	Date Child Health Report	Initial (Family Child Care Centers must use department form)	3-month updates (Group Child Care Centers only)
1. Tate Georgeson	02/06/20	09/03/24	X	X	X	X	X	X	X	X	X	X	X	X	06/14/24	N/A	N/A
2. Blakelee Fisher	05/31/20	09/03/24	X	X	X	X	X	X	X	X	X	X	X	X	09/07/24	N/A	N/A
3.																	
4.																	
5.																	
6.																	
7.																	
8.																	
9.																	
10.																	

SIGNATURE – Person Completing Form
Luzdarys Marquez

Date Signed
10/09//24

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STAFF HEALTH REPORT – LICENSED CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 250.05(2)(d) and DCF 251.05(2)(a)3.a. of the Wisconsin Administrative Code. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The examining health professional will complete this form, sign Section B, and return the completed form to the individual for placement in the staff file.

A. STAFF INFORMATION FCC: provider, employee, substitute. GCC: persons who work directly with children except volunteers.

Name (Last, First, MI)	Position Title
Johanen Rachel L	TEACHER ASST.

B. PHYSICAL EXAMINATION

☒ Yes ☐ No I certify based upon my examination that this person appears free of symptoms of illness, including tuberculosis, or communicable disease that may be transmitted through normal contact.

☒ Yes ☐ No I certify based upon my examination that this person appears to be physically able to work with children.

NOTE: This individual will be in contact with children receiving child care services and may be responsible for the physical care and social development of young children during the hours child care is provided. Some lifting of young children may be required.

Comments:

SIGNATURE – MD, PA or other Health Check Provider	Name – Examining Health Professional (Type or Print)
[signature] APNP	Payton Ligel
Address – Health Professional Office (Street, City, State, Zip)	**Date Signed (mm/dd/yyyy)**
287 New Pkwy Rd Portage, WI 53901	10/4/24

DCF-F-CFS0054 (R. 10/2019)

STAFF ORIENTATION CHECKLIST – GROUP CHILD CARE CENTERS

Use of form: This form is voluntary; however, completion of this form will facilitate the licensing process and verify compliance with DCF 251.05(4)(a). of the Wisconsin Administrative Code. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Orientation must be documented for each new employee, substitute, and regular volunteer within their first week at the center. Upon completion of orientation, trainer and staff shall initial and date the spaces that correspond to each completed policy or procedure and place the form in the staff record for review by the licensing representative.

Staff Person Name (Last, First, MI)	Position Title	Start Date (mm/dd/yyyy)
JOHANEN, RACHEL L	TEACHER ASST.	08/29/2024
Trainer Name	**Position Title**	
LEEGE, BETH A	DIRECTOR	

Policy / Procedure	Staff		Trainer	
	Initials	Date	Initials	Date
• A review of DCF 251, Licensing Rules for Group Child Care Centers 251.05(4)(a)1.	RLJ	10/9/24	BAL	10.9.24
• A review of center policies and procedures required under s. DCF 251.04(2)(h) [251.05(4)(a)2.]	RLJ	10/9/24	BAL	10.9.24
• A review of the center emergency plans required under s. DCF 251.04(2)(h)9., including fire and tornado evacuation plans and the operation of fire extinguishers 251.05(4)(a)3.; 251.06(3); 251.06(4)	RLJ	10/9/24	BAL	10.9.24
• Prevention and response to emergencies due to food and allergic reactions 251.05(4)(a)4.	RLJ	10/9/24	BAL	10.9.24
• First aid procedures 251.05(4)(a)5.	RLJ	10/9/24	BAL	10.9.24
• Administration of medications 251.05(4)(a)6.	RLJ	10/9/24	BAL	10.9.24
• Job responsibilities in relation to the job description 251.05(4)(a)7.	RLJ	10/9/24	BAL	10.9.24
• Training in the recognition of childhood illnesses and in infectious disease control, including hand washing procedures and universal precautions for handling body fluids 251.05(4)(a)8.	RLJ	10/9/24	BAL	10.9.24
• A schedule of activities of the center 251.05(4)(a)9.; 251.07(1)	RLJ	10/9/24	BAL	10.9.24
• The procedure for ensuring that all child care workers know the children assigned to their care and their whereabouts at all times, including during center-provided transportation 251.05(4)(a)11.; 251.055(1)(f)	RLJ	10/9/24	BAL	10.9.24
• Child management techniques 251.05(4)(a)12.; 251.07(2)	RLJ	10/9/24	BAL	10.9.24
• The procedure for sharing information related to a child's special health care needs, including any physical, emotional, social, or cognitive disabilities with any child care worker who may be assigned to care for that child throughout the day 251.05(4)(a)13.	RLJ	10/9/24	BAL	10.9.24
X • A review of procedures to reduce the risk of sudden infant death syndrome (SIDS) **prior to an employee's or volunteer's first day of work,** if licensed to care for children under 1 year of age 251.05(4)(a)14. NOT APPLICABLE	X RLJ	X 10/9/24	X BAL	X 10.9.24
• The procedure to contact a parent if a child is absent from the center without prior notification from the parent 251.05(4)(a)15.; 251.055(1)(h)	RLJ	10/9/24	BAL	10.9.24
• Information on any special needs that a child enrolled in the center may have and the plan for how those needs will be met 251.05(4)(a)16.	RLJ	10/9/24	BAL	10.9.24
• Building and physical premises safety, including identification of and protection from hazards, bodies of water, and vehicular traffic. 251.05(4)(a)17.	RLJ	10/9/24	BAL	10.9.24
• The handling and storage of hazardous materials and the appropriate disposal of biocontaminants. 251.05(4)(a)18.	RLJ	10/9/24	BAL	10.9.24
• Training in abusive head trauma prevention and impacted babies and appropriate ways to manage crying, fussing or distraught children 251.05(3)(b).	RLJ	10/9/24	BAL	10.9.24
X • Training in techniques of evacuating sleeping children in an emergency, if the center is licensed to operate between 10:00 p.m. and 5:00 a.m. 251.10(4)(a). NOT APPLICABLE	RLJ X	10/9/24 X	BAL X	10.9.24 X