

Date Correction Plan Due  
4/14/2025

**NONCOMPLIANCE STATEMENT AND CORRECTION  
PLAN**

TO FILE A COMPLAINT CALL  
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 Smarty Pants Learning Center Inc		Provider Number / Facility ID Number 7000584537 / 002 - 1014775	
Address - Facility (Street, City, State, Zip Code) 14150 W National Ave New Berlin WI 531514529		Telephone Number 262-785-1440	Date - Regulation Visit 3/28/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff file reviewed did not contain copies of current CPR certification  Repeat violation: Previously cited on 4/11/2024	<i>Madison Jones Completed her CPR Training on March 17th! She emailed me her card which was never printed. I printed off her CPR card and is now in her file.</i>	<i>3/28/25</i>	
2 251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: No med authorization on file for child #2:  Repeat violation: Previously cited on 4/11/2024, 3/30/2023	<i>Medication Authorization form in Medication log book in office, was copied and placed in child's folder</i>	<i>3/28/25</i>	

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3	251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b>  Description: No medical authorization file in building for child #2	Leo Ceardo's file has been updated with all medication authorization forms	3/28/25	
4	251.07(6)(i)1. <b>Washing Child's Hands &amp; Face</b>  Description: No child hand washing observed before snack served	I put out a memo to all staff members reminding them of our handwashing policy.	3/28/25	
5	251.07(6)(i)2. <b>Adult Handwashing</b>  Description: No adult handwashing after wiping bodily secretions as required by rule	A memo went out to all staff members reminding them of our handwashing policy.	3/28/25	

NAME - Agency Worker  
Paul Spink

Date Issued  
3/31/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

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

Page 3 of 3