

Date Correction Plan Due
5/8/2026

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 202.085, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(i) and (3)(f), DCF 252.41(1)(i) 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 Minn. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Minn. 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

By Leaps And Bounds Childcare

5000588655 / 001 - 2002582

Address - Facility (Street, City, State, Zip Code)
 213 Washington Ave Sauk City WI 535831163

Telephone Number
 608-843-5342

Date - Regulation Visit
 4/21/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)3a Staff Record - Physical Examination Description: Staff A is missing a physical examination report completed within 30 days after being hired.	Staff will complete physical exam within 30 days after hire.	5/6/2026	
2 251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff A is missing documentation of having completed training on preventing abusive head trauma prior to beginning work with children under age five.	Abusive Head Trauma Training will be completed 4/11/2026 on First Day of Employment.		

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213 Washington Ave Sauk City WI 535831163

Telephone Number
608-643-5342

Date - Regulation Year
4/21/2026

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(4)(a) Staff Orientation - Develop, Implement, Document	Description: Staff A and Staff B are missing documentation of having completed the following required topics during their orientation program: the procedure for sharing information related to a child's special health care needs with childcare workers who may be assigned to work with that child; the procedure to contact a parent if a child is absent from the center without prior notification from the parent; and building and physical premises safety, including vehicular traffic.	Staff Orientation check list - group child care centers will be added to the hiring packet.	4/31/2026	

NAME - Agency Worker
Amy Andersson

Date Issued
4/24/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
4/24/2026

DOE F-40750294 E (R.03.2011)