

<b>Date Correction Plan Due</b> 10/7/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Little Hearts		<b>Provider Number / Facility ID Number</b> 3000590973 / 001 - 2006129		
<b>Address - Facility (Street, City, State, Zip Code)</b> 204 Slinger Rd Slinger WI 530869586		<b>Telephone Number</b> 262-525-1570	<b>Date - Regulation Visit</b> 9/12/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.06(2)(d) <b>Access To Materials Potentially Harmful To Children</b>  Description: Based upon observation on September 12, 2024 there was adult pain reliever accessible to children in the bathroom across from the kitchen.  CORRECTED DURING VISIT.	<i>All items in the staff bathroom will always be kept in the bathroom cabinet.</i>	9/12/24	
2	251.06(4)(jm)1. <b>Fire Alarms &amp; Smoke Detectors - Drills</b>  Description: Based upon review on September 12, 2024, the center was not sounding the fire alarm during fire drills. Instead, staff would announce that they were doing the drill to children.	<i>Fire alarms will be sounded for all fire drills moving forward.</i>	9/23/24	

Name - Certified Operator / Licensed Center Little Hearts		Provider Number / Facility ID Number 3000590973 / 001 - 2006129	
Address - Facility (Street, City, State, Zip Code) 204 Slinger Rd Slinger WI 530869586		Telephone Number 262-525-1570	Date - Regulation Visit 9/12/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
3	<p>251.06(9)(d)2.a. <b>Food Storage - Dry Food</b></p> <p>Description: Based upon observation on September 12, 2024, the snacks located in the storage room were not stored in a bag with a zip-type closure or a container with a tight-fitting lid.</p> <p>Repeat violation: Previously cited on 2/3/2023</p>	<p>All open snack items were placed into zip-lock bags. All open snack items will be stored in zip-lock bags and dated moving forward zip lock bags are kept in snack room.</p>	9/13/24

NAME - Agency Worker  
Jamie Brandt

Date Issued  
9/23/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Angela Slinger*

Date Signed

9/24/24