

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		Date - Regulation Visit 11/11/2025	
Telephone Number 262-589-1084		Expected Completion Date 11/14/25	
Correction Plan <i>Mandated reporter training was completed and will be completed biannually moving forward.</i>		Verification Date	
Rule/Statute Number 3	Noncompliance Statement Child Abuse & Neglect Training - Identification Description: Staff B and Staff I on the records checklist failed to have updated Mandated Reporter/Child Abuse and Neglect training complete.		

NAME - Agency Worker
 Amie Bodart

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
11/25/25

Amie Bodart