

Date Correction Plan Due 2/27/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Susannes Small World Child Care		<div style="border: 1px solid blue; padding: 5px; display: inline-block;"> RECEIVED State of Wisconsin <b style="color: red; font-size: 1.2em;">FEB 20 2026 Dept of Children and Families Rhineland Regional Office </div>		Provider Number / Facility ID Number 2000568082 / 001 - 630617	
Address - Facility (Street, City, State, Zip Code) 2604 Main St E Ashland WI 548064804		Telephone Number 715-682-3997		Date - Regulation Visit 2/12/2026	
	Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Staff A did not have a current CPR certificate on file.		<i>I will take CPR class, to receive certificate renewal</i>	<i>3-30-2026</i>	
2	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A did not have a current Child Abuse and Neglect training certificate on file.		<i>I will take CAN training renew</i>	<i>3-30-2026</i>	

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3	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Staff A did not have 15 hours of continuing education documented in 2025. Repeat violation: Previously cited on 6/5/2024	I will have 15 hours cont. education on file.	3-30-2026
4	250.07(6)(g)1. Hand & Face Washing Description: Children did not wash their hands with soap and running water before eating lunch.	Children will wash hands with soap and water before lunch daily.	2-16-2026

NAME - Agency Worker
Brooke Lampe

Date Issued
2/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Susanne Eder

Date Signed
2-16-2026