

<b>Date Correction Plan Due</b> 4/3/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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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.

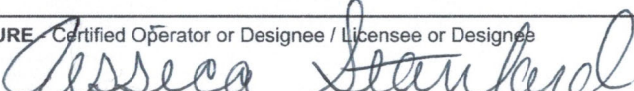
**Instructions:** The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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.

<b>Name - Certified Operator / Licensed Center</b> Big Steps Little Feet Llc	<b>Provider Number / Facility ID Number</b> 4000585044 / 001 - 1014727
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<b>Address - Facility (Street, City, State, Zip Code)</b> 4217 Kadlec Dr Sheboygan WI 53083	<b>Telephone Number</b> 920-458-5437	<b>Date - Regulation Visit</b> 3/15/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff worker A on the staff record checklist does not have a completed physical examination of file within 30 days of hire.	Staff in question went to the Dr. And recieved her Physical Examination. We have her staff health report on file.	3/25	
2	251.06(9)(d)1.b. <b>Food Storage - Refrigeration Units</b>  Description: Refrigerator thermometer in the wobbler and toddler room read 48 degrees.  Repeat violation: Previously cited on 4/4/2023	Fridge was defrosted and thermometer check list has been added to refrigerators.	3/26	

<b>NAME - Agency Worker</b> Linda Juckem	<b>Date Issued</b> 3/20/2024
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<b>SIGNATURE - Certified Operator or Designee / Licensee or Designee</b> 	<b>Date Signed</b> 4/5/24
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