

Date Correction Plan Due 1/1/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Big Steps Little Feet Llc	Provider Number / Facility ID Number 4000585044 / 001 - 1014727
---	---

Address - Facility (Street, City, State, Zip Code) 4217 Kadlec Dr Sheboygan WI 53083	Telephone Number 920-458-5437	Date - Regulation Visit 11/25/2025
--	---	--

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.06(2)(i) Deteriorating Paint</p> <p>Description: On 11/25/25, there was several areas in the pre-k rooms that had paint chipping on the walls accessible to children.</p>	Touch up paint around center.	12/20/25	
2	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: On 11/25/25, there was an inhaler in the pre-k room that did not have an end date for the authorization.</p>	Inhaler was removed from class. Staff were retrained in med Authorizations.	12/20/25	

NAME - Agency Worker Jessica Farah, Dao Xiong	Date Issued 12/18/2025
---	----------------------------------

SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 12/19/25
--	--------------------------------