

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

STATE OF WISCONSIN

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due  
7/2/2021

TO FILE A COMPLAINT CALL  
715-930-1148

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 202.085, DCF 250.04(2)(f) 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  
Little Leaps Child Care Llc  
Provider Number / Facility ID Number  
7000585767 / 002 - 2000981

Address - Facility (Street, City, State, Zip Code)  
2401 Monetary Blvd Hudson WI 540164702  
Telephone Number  
715-381-3635  
Date - Regulation Visit  
6/18/2021

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)2. Staff Record - Completed Background Check Description: Missing attestation form and background check for one employee		Due 7/2/21	

Pressure files are reviewed often, and more enforced  
actions to staff to get completed ASAP. when new rules apply.

NAME - Certification Worker / Licensing Specialist  
Brigid Downey  
Date Issued  
6/18/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*Brigid Downey*  
Date Signed  
06/21/2021

DC-7-0750294-5 (R.06.2011)