Date Correction Plan Due 8/18/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 715-361-7700

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		**Provider Number / Facility ID Number**	
Little Panthers Early Learning Center		7000589517 / 002 - 2004257	
Address - Facility (Street, City, State, Zip Code) 5459 Elementary Ave Pittsville WI 544669550	**Telephone Number** 715-884-5240	**Date - Regulation Visit** 7/28/2026	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff D, Staff G, and Staff H did not have a health report on file.	All ladies are currently waiting for appointments scheduled months ago or signatures. All should be done this month.	9/1/26	
2	251.05(2)(a)8. **Staff Record - Orientation** Description: Staff D, Staff F, Staff G, and Staff H did not have documentation of orientation on file.	Going forward we will use the state's form. All orientations have been completed and emailed 7/29/26 @ 10:27am All are currently in files.	7/27/26	

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3	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Staff C and Staff H did not have documentation of completed Abusive Head Trauma on file.	Staff H had training as marked on the staff checklist. Staff B & C were missing AHT. Both have completed. Certificates mailed today.	8/4/26	
4	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff B and Staff C did not have documentation of Biennial Child Abuse and Neglect Training on file. Repeat violation: Previously cited on 9/29/2025, 10/14/2024	Both have now completed. Certificates are filed	8/4/26	
5	251.05(4)(c)9. **Continuing Education - Documentation Of 12 Month Period** Description: Staff A, Staff B, Staff C, and Staff E did not have documentation of the required 15 hours of continuing education on file.	2025 trainings were not in files. Trainings from 10/25 - 26 for the 2026 yr are on file. 7/26 - for the 2027 yr are currently started.	8/4/26	
6	251.055(1)(a) **Supervision Of Children** Description: Per observation, two children in the preschool classroom were allowed to use the restroom located down the hall while the teacher stood in the doorway of the classroom. This did not provide sight and sound supervision of the sleeping children and the children using the restroom.	Another staff will be scheduled in the room. If one cannot be scheduled the director will be on call to take children to the bathroom and supervise.	8/3/24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Amanda Foley

Date Issued
8/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
8/4/24