DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
4/16/2024		262-446-7800

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	
Small Steps Big Dreams Llc		1000589631 / 001 - 2004243	
Address - Facility (Street, City, State, Zip Code) 10230 W Fond Du Lac Ave Milwaukee WI 532245121	**Telephone Number** 414-716-5101	**Date - Regulation Visit** 3/28/2024	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(L)1.a. **Monitoring Results Posted** Description: Previous monitoring results were not posted.	will post	4-24-24	
2	251.04(6)(a)6. **Child Record - Health History** Description: Child #4 had missing and incomplete information on the health history form.	will Correct	3-29-24	
3	251.04(6)(b) **Current, Accurate Daily Attendance Record** Description: A child was signed in twice on 3/27/2024.	will Correct Take second time off	3-29-24	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
4	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: There was not documentation of a completed staff health report for staff E. Staff E was hired on 1/25/2024.	Doctors statement	Done	
5	251.05(2)(a)8. **Staff Record - Orientation** Description: There was no documentation of a completed orientation from staff E. Staff E was hired on 1/25/2024.	corrected	3-29-24	
6	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff A and Staff E were missing documentation of Child Abuse and Neglect training within the past two years. Repeat violation: Previously cited on 9/21/2022	corrected	3-29-24 6-18-24	
7	251.07(5)(a)4. **Meals & Snacks - Minimum Meal Requirements** Description: Minimum CACPF meal requirements were not followed when 2% milk was provided to children over the age of 2 years old. Guidelines state 1% or skim milk should be served to that age group.	corrected	3-29-24	

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NAME - Agency Worker
Sarah Stormont, Rhonda Brueggemann

Date Issued
4/2/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Lusette Hubbard (Administrator