

Date Correction Plan Due 4/18/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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.

Name - Certified Operator / Licensed Center Little Woodland Preschool		Provider Number / Facility ID Number 1000590001 / 002 - 2006739		
Address - Facility (Street, City, State, Zip Code) 809 N Main St Lake Mills WI 535511118		Telephone Number 920-945-0520	Date - Regulation Visit 4/3/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child B did not have immunization history on file.	Child B's immunization report was obtained on 4/3/25	04/04/2025	
2	251.04(6)(a)8. Child Record - Physical Examination Description: Child 2 did not have a health report on file within 90 days of starting care.	Emailed parents to obtain childs health report.	04/18/2025	

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3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A and B did not have a staff physical health report on file within 30 days of being hired.	Staff has health report on file from 4/1/25	04/04/2025	
4	251.05(3)(f)3. Child Care Teacher - Entry-Level Training Description: Staff B does not complete required entry level training to work as a teacher before assuming position as a teacher.	Staff B has been enrolled in the Skills and Strategies for Childcare teacher course which started on 4/7/2025	05/05/2025	
5	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: Medication being stored in classroom was expired.	The expired medication was sent home with parents and a new non expired medication was obtained.	04/07/2025	

NAME - Agency Worker
Michelle Garcia

Date Issued
4/4/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Ashley Bartkowiak

Date Signed

04/11/2025