

<b>Date Correction Plan Due</b> 6/20/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Little Woodland Preschool - Mount Horeb		<b>Provider Number / Facility ID Number</b> 6000593036 / 001 - 2008111		
<b>Campus Address - Facility (Street, City, State, Zip Code)</b> 1720 Springdale St Mount Horeb WI 535722470		<b>Telephone Number</b> 608-459-5067	<b>Date - Regulation Visit</b> 6/4/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<b>251.06(2)(a) Potential Source Of Harm On Premises</b>  Description: The indoor premises was not free of hazards when in the Willow classroom an electrical outlet wall plate was loose and not secured to the wall, which could potentially expose live wires.	All Electrical outlet plates on the walls of all classrooms have been re checked & tightened to be flush against the wall.	6-10-2025	
2	<b>251.07(6)(f)1.a. Medication Administration - Parent Authorization</b>  Description: A written medication authorization form for a medication being administered to a child did not have a specified length of authorization.	The form & the product was sent home. The product does not need to be administered anymore.	6-4-2025	

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3	251.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b>  Description: Stored medication was not labeled with the child's name.	The medication was immediately labeled with the child's first & last name.	6-4-2025
4	251.09(1)(b) <b>Infant &amp; Toddler - Location &amp; Sharing Intake Information</b>  Description: Child care workers did not know where the infant and toddler intake information forms were located for the children assigned to the Aspen classroom.	Intake forms were located & placed in the classroom 20 min after the visit had completed.	6-4-2025

**NAME - Agency Worker**  
Rebecca Brickson

**Date Issued**  
6/6/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Christy Wolff*

**Date Signed**

6-10-2025