

Date Correction Plan Due 7/26/2023	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 Little Hands Learning Center		Provider Number / Facility ID Number 4000577244 / 002 - 1015727	
Address - Facility (Street, City, State, Zip Code) 2343 Ellis St Stevens Point WI 544813908		Telephone Number 715-344-2414	Date - Regulation Visit 6/22/2023
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: One child had a health report on file that was more than 2 years old. Health examinations should be completed at least once every 2 years for children between the ages of 2 to 5 years old.	Health Report given to parent. Child will be 5 soon.	10/1/23
2	250.055(2)(b) Maximum Number Of Children In Care Of The Provider Description: Two children under the age of 2 years old and six children over the age of 2 years old were in care putting the provider out of ratio.	I thought my Volunteer had 30 days to do trainings. 2 children were sent home Right Away	4/22/23

Name - Certified Operator / Licensed Center

Little Hands Learning Center

Provider Number / Facility ID Number

4000577244 / 002 - 1015727

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2343 Ellis St Stevens Point WI 544813908

Telephone Number

715-344-2414

Date - Regulation Visit

6/22/2023

Rule/Statute Number
Noncompliance Statement

Correction Plan

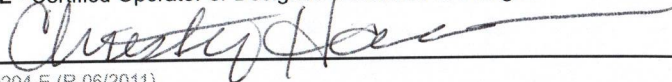
Expected
Completion Date

Verification
Date

NAME - Agency Worker
Heather Struck

Date Issued
7/11/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

7-20-23