

<b>Date Correction Plan Due</b> 11/3/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-930-1148
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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.

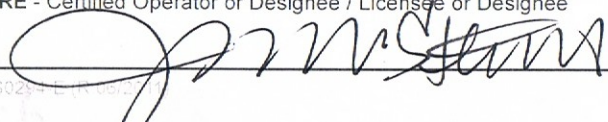
**Instructions:** The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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> Babes In Toyland Childcare Center		<b>Provider Number / Facility ID Number</b> 7000562987 / 004 - 1015680	
<b>Address - Facility (Street, City, State, Zip Code)</b> 4430 Tower Dr Eau Claire WI 54703		<b>Telephone Number</b> 715-830-9432	<b>Date - Regulation Visit</b> 8/20/2025
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date Verification Date</b>
1	<p>251.04(6)(a)8.a. <b>Child Record - Physical Exam - Under 2</b></p> <p>Description: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center, and a follow-up examination at least once every 6 months thereafter. Child #5 has been in care for more than 3 months and did not have a child health report on file. Child #6 does not have documentation of a follow-up exam within the past 6 months.</p> <p>Repeat violation: Previously cited on 10/10/2023</p>	<p>Director reviews files Monthly for any updates.</p> <p>Both Families received New forms to be completed by 10/31/25</p>	<p>10/31/25</p>

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2 251.04(6)(a)8.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Each child 2 years of age and under age 5 shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to the center. Child #3 has been in care for more than 3 months and did not have a child health report on file.	Director has addressed and was awaiting the form from the family Seeking new Dr. Form was again given to family with a due date of 10/31/25	10/31/25	
3 251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff C had a current CPR-AED certificate, but not from a department-approved course provider.  Repeat violation: Previously cited on 5/3/2024	Staff C is completing "Pro Trainings" CPR At this time. Director was not aware her current CPR-AED was not dept. Approved	10/24/25	
4 251.07(6)(f)5. <b>Medication Administration - As Labeled &amp; Authorized</b>  Description: There was expired allergy medication in the med box for one child. A center must follow the directions on the label of any medication and can't administer expired medication to a child even if the parent authorizes them to do so.	Director requested expired med. to be replaced prior. Family states no med needs to be onsite any longer. Medicine Box is reviewed Monthly by Director and Documented.	10/22/25	

NAME - Agency Worker  
Jennifer Stubbe

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Issued  
10/20/2025  
Date Signed  
10/23/2025