

<b>Date Correction Plan Due</b> 6/12/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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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>		<b>Provider Number / Facility ID Number</b>		
Tiny Treasures Christian Child Care Center		7000573857 / 001 - 1005564		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
1029 33Rd St Two Rivers WI 542411835		920-794-8543	5/18/2026	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)6. <b>Staff Record - Days &amp; Hours Worked</b>  Description: On 5/18/26, staff were not signing in and out of the rooms for all breaks when counted in ratio.	I composed a new work sheet for all the classrooms. The staff will now sign in and out when they enter or exit a room. See attached form.	5/27/2026	
2	251.05(4)(c)1. <b>Continuing Education Requirement - Full Time Staff</b>  Description: On 5/18/26, staff members B and C did not have the required 15 hours of continuing education documented in their files for 2025.	Added a reminder to the calendar to assure I stay up to date on my teachers continuing education. I will update the binder every month as well.	5/29/2026	

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3	251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: On 5/18/26, there was an authorization for Tylenol in the infant room that exceeded 7 days and there was an authorization in the preschool room that did not have dates listed.	Addressed this during our staff meeting on 5/20/26. Staff will double check any medications/authorizations weekly and sign off that they do. See attached form created.	6/1/2026
4	251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b>  Description: On 5/18/26, there was an expired authorization in the preschool room for an inhaler.	Added this to a form created for the medication check list. This will be checked weekly as well.	6/1/2026

**NAME - Agency Worker**  
Jessica Farah

**Date Issued**  
5/29/2026

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

*Sarah K. Mueller*

**Date Signed**

6-1-2026