

Date Correction Plan Due 6/27/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Barb's Tiny Angels		5000588125 / 001 - 2001753		
Address - Facility (Street, City, State, Zip Code) 2125 Norfield Rd Suamico WI 541738458		Telephone Number 920-609-0685	Date - Regulation Visit 6/13/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(f) Staff File - Continuing Education  Description: Provider did not have record of continuing education for 2024.	* Told to document going forward.	7/1/2025	<del>6/27/2025</del>
2	250.05(3)(e)2. Provider Training - Current Cpr Certificate  Description: Provider was overdue for CPR certification	complete CPR	7/6/2025	
3	250.05(3)(fm) Biennial Training - Child Abuse & Neglect  Description: Provider was overdue for Mandated Reporter training.	Complete Reporter Training	Complete 6/25/25	

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<b>NAME - Agency Worker</b> Jessica Farah, Erin Mancoske-Anderson	<b>Date Issued</b> 6/13/2025
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<b>SIGNATURE - Certified Operator or Designee / Licensee or Designee</b> <i>Barb Wislow</i>	<b>Date Signed</b> <i>6/30/2025</i>
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