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| <b>Date Correction Plan Due</b><br>3/14/2025 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>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.

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|--|--|---|---|--------------------------|
| <b>Name - Certified Operator / Licensed Center</b><br>Tiny Tree Academy Menomonie                  |  | <b>Provider Number / Facility ID Number</b><br>1000589421 / 002 - 2005354                                   |   |                          |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>2320 Wilson St Menomonie WI 547511435 |  | <b>Telephone Number</b><br>715-309-2679   | <b>Date - Regulation Visit</b><br>1/30/2025 |                          |
|  | <b>Rule/Statute Number</b><br><b>Noncompliance Statement</b>   | <b>Correction Plan</b>  | <b>Expected Completion Date</b>             | <b>Verification Date</b> |
| 1  | 251.04(5)(b)<br><b>Current, Accurate Daily Attendance Record</b><br><br>Description: The attendance was not current and accurate in the Willow Room when one of the children in care was not signed in on the attendance record.   | <b>All staff members were emailed a Reminder about the expectation Of signing-in children to Clipboard.</b> | <b>3/12/2025</b>                            |                          |
| 2  | 251.05(2)(a)3.a.<br><b>Staff Record - Physical Examination</b><br><br>Description: Staff records C and D were missing a physical examination report on a form provided by the Department, completed 12 months prior or within 30 days after beginning work at the center, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children. The staff both only had TIB results available for review. | <b>All staff files were reviewed for Accuracy. Both employees were Required to get physicals.</b>           | <b>3/1/2025</b>                             |                          |

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| 3   | 251.05(2)(a)7.<br><b>Staff Record - Continuing Education</b><br><br>Description: Documentation of Staff A and G having obtained 15 hours of continuing education in 2024 was not available for review.   | All staff files were double checked For continuing education. Excel Tracking document was created To ensure it doesn't get missed.                                       | 2/3/2025                             |                      |
| 4   | 251.07(6)(f)5.<br><b>Medication Administration - As Labeled &amp; Authorized</b><br><br>Description: A parent had provided acetaminophen for a 10 month-old infant that the manufacturer's label identified was for children 2- 11 years of age.   | ALL medications will be kept in office, Director or Owner will administer Soley. All families were emailed about Ensuring medication is labeled "infant," Acetaminophen. | 2/3/2025                             |                      |
| 5   | 251.09(1)(b)<br><b>Infant &amp; Toddler - Location &amp; Sharing Intake Information</b><br><br>Description: The Intake for Child Under 2 form for a child was not in the room where the child was in care. Admission information for an infant or toddler shall be on file in the room or area to which the child is assigned and shall be known to the child care worker. | We replaced our clipboards with New ones that have insert to be able To hold intake forms in them.   | 3/1/2025                             |                      |

NAME - Agency Worker  
April Callihan

Date Issued  
2/28/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

**Jordann Sorensen**

**3/15/2025**