Date Correction Plan Due 8/20/2022

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 715-930-1148

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.

			er Number / Facility ID Number 89421 / 001 - 2003883	
Address - Facility (Street, City, State, Zip Code) 322 1St Ave Chippewa Fls WI 547294404	Telephone Number 608-279-9982	Date - Regulation Visit 7/20/2022		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
251.05(2)(a)2.  Staff Record - Completed Background Check  Description: One employee did not have a criminal background check on file.  Repeat violation: Previously cited on 8/31/2021, 6/16/2021	Make employee get background check done before she can return to work at center.	Completed on 08/03/2022		
2 251.05(2)(a)3.a.  Staff Record - Physical Examination  Description: During an employee file review, it was noted that four employees were missing a health exam report from their files.	Emily Surges - Appointment 07/29/2022 Julia Jorgensen - Appointment 08/11/2022 Molina Gates - Appointment 08/08/2022 Kaylee Dodson/Koivisto - Appointment 08/15/2022	Expected Completion on 08/19/2022		
		SECRETARY VENT		

Name - Certified Operator / Licensed Center  Tiny Tree Academy  1000589421 / 001 - 2003				mber
Address - Facility (Street, City, State, Zip Code) 822 1St Ave Chippewa Fls WI 547294404		Telephone Number 608-279-9982	Date - Regulation Visit 7/20/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	251.05(3)(c)  Cardiopulmonary Resuscitation Training  Description: Three employees did not have a current CPR certificate on file.	Molina Gates - Took Course 08/12/2022 Julia Jorgensen - Renewed certificate 08/12/2022 Kaylee Dodson/Koivisto Took Course 08/08/2022	Completed 08/12/2022	

NAME - Certification Worker / Licensing Specialist

Heather Ruf

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued 7/20/2022

Date Signed