Date Correction Plan Due 8/13/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL

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
Tiny Tots		5000589215 / 002 - 2006941
Address - Facility (Street, City, State, Zip Code) 612 E Oak St Glenwood City WI 540138520	**Telephone Number** 715-265-7829	**Date - Regulation Visit** 7/28/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: The Licensing Specialist was unable to verify completion of Abusive Head Trauma training for Staff A, B and C. Staff on the premises were not able to give the Licensing Specialist access to the staff records when requested during a monitoring visit. Rule requires that staff records are available for review at the center by the department when requested.	all staff records are on site at the school district. Copies will be made for next visit ↓	Aug 10, 2026 ↓	

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2	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: The Licensing Specialist was unable to verify current certificate of completion for child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department for Staff A, B and C. Staff on the premises were not able to give the Licensing Specialist access to the staff records when requested during a monitoring visit. Rule requires that staff records are available for review at the center by the department when requested.	See Above	See Above	
3	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: The Licensing Specialist was unable to verify Staff A, B and C received training within the past two years on child abuse and neglect laws, identification, and reporting. Staff on the premises were not able to give the Licensing Specialist access to the staff records when requested during a monitoring visit. Rule requires that staff records are available for review at the center by the department when requested.	See Above	See Above	

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4	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: The parent authorization form for prescription medication must include start and end dates for the length of the authorization that do not exceed the time specified on the label of the medication. One child's written authorization forms for an epi pen and Zyrtec that was on the premises was missing start and end dates for the length of the authorization.	The dates were entered on the form.	Completed 07/30/26	

NAME - Agency Worker
Wendy Badzinski

Date Issued
7/30/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
07.31.26