

Date Correction Plan Due 12/26/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Learning Tree Academy		Provider Number / Facility ID Number 3000591953 / 001 - 2007179		
Address - Facility (Street, City, State, Zip Code) 201 Carmichael Rd Suite 100 Hudson WI 540168373		Telephone Number 715-531-8928	Date - Regulation Visit 11/1/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. Child Record - Enrollment Information Description: Child # 3's record was missing the name, address, telephone number, of a person authorized to call for or receive the child; and, the name, address, telephone number, and relationship of a person to be contacted in an emergency if a parent cannot be reached.	All required paperwork will be filled out for every child attending Learning Tree Academy prior to the first day of attendance. The Director and classroom teach will confirm.	11/01/2024	
2	251.04(6)(a)2. Child Record - Emergency Medical Consent Description: Child # 3's record was missing written consent from the parent for emergency medical care or treatment.	All required paperwork will be filled out for every child attending Learning Tree Academy prior to the first day of attendance. The Director and classroom teacher will confirm.	11/04/2024	

Name - Certified Operator / Licensed Center Learning Tree Academy		Provider Number / Facility ID Number 3000591953 / 001 - 2007179		
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3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: A report on a physical examination that was completed not more than 12 months prior to nor more than 30 days after the person was hired was not available for review for Staff E. The report shall be signed by a licensed physician and indicate that the person is free from illnesses detrimental to children, including tuberculosis, and that the person is physically able to work with young children.	All staff members hired by Learning Tree Academy will provide the Director with required forms, along with the correct timeline based on each form. If the forms are not in completion the staff member will be removed from the schedule until all required forms are submitted to the director and placed in their file.	11/08/2024	
4	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: An Authorization to Administer Medication form for Infant Tylenol exceeded the manufacturer's specifications for the length of the authorization. The authorization was also missing the administration instructions and medication intervals.	All staff were retrained on filling out the Auth Med Form at our staff meeting on 11/7/2024. One of our Lead Infant teachers retrained staff individually on 12/19/2024 and staff signed off on the training. All new staff will be trained by the director and lead trainer in the building prior to entering a classroom.	11/07/2024 & 12/19/2024	

NAME - Agency Worker
April Callihan

Date Issued
12/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed