

Date Correction Plan Due 4/7/2025	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.

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 2/21/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(b) Current, Accurate Daily Attendance Record Description: The attendance was not current and accurate in the Toddler 1 Room.	All staff were trained individual and at the staff meeting on expectations of daily attendance. All new staff are trained by myself and again in the classroom.	03/20/2025 on going for new staff	
2	251.06(2)(g) Stairs, Walks, Ramps, Porches - Safety Description: Sidewalks and ramps outside the classroom exits were not free of the accumulation of snow.	There are shovels and salt at all doors. All staff was retrained individual and at the staff meeting.	03/20/2025	

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 2/21/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.07(6)(dm)2. Medical Log - Pages & Entries Description: Lines were skipped between entries in the medical log book, which is prohibited.	All staff retrained at staff meeting, implementation to training in each room will go over how to enter into the Med Log	03/20/2025
4	251.07(6)(dm)3.b. Medical Log - Injury In Care Description: Staff did not enter injuries received by a child while in the care of the center on the date the injury occurred. There were several incident reports by the medical log book that had not been entered in the medical log book. Any injuries received by a child while in the care of the center on the date the injury occurred. The record shall include the child's name, the date and time of the injury, and a brief description of the facts surrounding the injury.	All staff retrained on the entering of Med Log at the staff meeting and individual . All incidents will be entered at the time of writing an incident report. The report is not signed of by leadership with out seeing in the Med Log.	03/20/2025

NAME - Agency Worker
April Callihan

Date Issued
3/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

3/27/25