Date Correction Plan Due 8/20/2026	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		Provider Number / Facility ID Number	
Learning Tree Academy		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** 7/20/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(4)(a)2.c. **Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication** Description: Parents were not immediately notified when their toddler lost his balance and fell, causing him to bump his head in separate incidents on July 8, 2026, and July 10, 2026. On July 8,the child's parents were notified approximately one hour after the child sustained the injury. On July 10, the child's parents were not notified of the injury.	Policy & Procedure on incident reports was retrained and signed by all staff on 7/20/2026. All new employees will read and sign before training in a classroom.	07/20/2026	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Learning Tree Academy		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** 7/20/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	251.055(1)(c) **Supervision - Opening & Closing Hours** Description: There is not a teacher per group of children on July 10, 2026 when a qualified assistant teacher was providing sole supervision to a group of children in the Infant 3 Room outside of the times allowed by rule.	Break schedules have been changed and discussed at our staff meeting on 7/20/2026.	07/20/2026	
3	251.07(6)(dm)3.b. **Medical Log - Injury In Care** Description: An injury a child sustained on July 8, 2026, was not entered into the medical logbook on the day that the injury occurred. In addition, an injury that a child sustained on July 10, 2026 was not entered in the medical logbook on the day that the injury occurred. Repeat violation: Previously cited on 5/13/2026, 2/21/2025	Policy &Procedure on incident reports was retrained and signed by all staff on 7/20/2026. All new employees will read and sign before training in a classroom.	07/20/2026	

NAME - Agency Worker
April Callihan

Date Issued
8/6/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed 8/11/26