DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
1/1/2026		920-785-7811

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 Town Child Care Of Brandon Llc		6000592976 / 001 - 2008059	
Address - Facility (Street, City, State, Zip Code) 102 E Jefferson St Brandon WI 539198586	**Telephone Number** 920-346-8284	**Date - Regulation Visit** 12/17/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: 1 inhaler was not labeled with the child's name and directions for use on it in the preschool room.	Label the inhaler, each medication will be labeled upon arriving at the Center.	12/17/25	
2	251.07(6)(f)5. **Medication Administration - As Labeled & Authorized** Description: 1 bottle of equate had expired in July 2025. This was in the preschool room.	Parents notified to bring non-expired bottle and old bottle sent home. keep closer eye on when expiration dates are getting close	12/17/25	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 251.09(1)(c) **Infant & Toddler - Documenting Changes In Development** Description: One intake was not updated once every 3 months in the infant room.	have Parents sign at drop off or pick-up to ensure its in compliance vs sending new one home and potentially not returned on time	12/17/25	

NAME - Agency Worker
Jill Kellner, Dao Xiong

Date Issued
12/18/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kallandra Wills

Date Signed
12/29/25

DCF-F-CFS0294-E (R.06/2011)

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