Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/15/2026		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)	Telephone Number	Date - Regulation Visit
102 E Jefferson St Brandon WI 539198586	920-346-8284	9/1/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: One staff member #C did not have her physical in her file after 30 days of employment - see checklist.	Staff #C scheduled and received a physical 9/2/26. The doctor form will be placed in file.	9/8/2026	
2	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: One staff member #C did not have her CPR training in her file after 3 months of employment - see checklist.	Staff will sign up and complete CPR training.	9/17/2026	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(11)(b)5. **Outdoor Play Space - Energy-Absorbing Surfaces** Description: The pea gravel in the play yard failed to meet the 9 inches depth requirement in areas of climbing equipment that was over 4 feet. In some areas it was only an inch deep due to the compacting of the pea gravel.	Gravel will be tilled to loosen up what was compacted due to rain.	9/7/2026	
4	251.09(4)(a)3. **Infant & Toddler - Diaper Changing Surface Disinfection** Description: The staff member in the infant room failed to sanitize the changing table after she changed an infant.	During staff meeting I will remind all staff about the 2 steps of sanitizing. The staff sprayed and wiped the surface but failed to spray the disinfectant.	9/9/2026	

NAME - Agency Worker
Jill Kellner, Dao Xiong

Date Issued
9/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kassandra Nehs

Date Signed
9/8/2026