

P. 1 / 3

7155444096

Aug. 05. 2024 11:55 AM

Date Correction Plan Due 8/8/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
--------------------------------------	--	--

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)(i), 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 Tiny Hands		Provider Number / Facility ID Number 9000584959 / 003 - 2006400		
Address - Facility (Street, City, State, Zip Code) 324 W Mapleridge Dr Stevens Point WI 544815101		Telephone Number 715-310-3130	Date - Regulation Visit 7/15/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: One child under the age of 2 years did not have a health report on file.	will need to keep on parents to give me updated paper work. Also I will be keeping better track of child(ren) paperwork.	8-1-24	
2	250.05(2)(c) Staff File - Days, Hours Worked Description: Staff C was not signed in or out on the daily attendance sheet when included in staff-to-child ratio on 07/15/24.	Look at attendance sheet to make sure staff is signed in and out.	8-1-24	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Tiny Hands		9000584959 / 003 - 2006400		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
324 W Mapleridge Dr Stevens Point WI 544815101		715-310-3130	7/15/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(d) Provider Training - Additional Required Provider Description: Staff C did not have record of Fundamentals of Family Child Care on file.	Look more into what is needed for staff. I didn't know this was something that was needed.	9-1-14	
4	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A and C did not have current record of the biennial child abuse and neglect training on file.	Check files often to keep track of records that need to be updated also putting in planner/phone when renewal is needed.	8-1-24	
5	250.055(2)(b) Maximum Number Of Children In Care Of The Provider Description: Three children under the age of 2 and five children over the age of 2 were in the care of one staff on 07/15/24.	Keep better track on how many children I can have without help. I have children switched around and staying with parents to stay in numbers.	7-16-24	
6	250.06(3)(b) Emergency Plans - Practice Description: The fire and tornado drills for June were not documented.	Working on documenting right away when finished so I don't forget to document.	7-16-24	

Name - Certified Operator / Licensed Center Tiny Hands		Provider Number / Facility ID Number 9000584959 / 003 - 2006400	
Address - Facility (Street, City, State, Zip Code) 324 W Mapleridge Dr Stevens Point WI 544815101		Telephone Number 715-310-3130	Date - Regulation Visit 7/15/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7 250.07(6)(f)1.a. Medication Administration - Parent Authorization Description: One child had a medicated diaper ointment without the parent's authorization to administer on file.	Will have a authorization to give meds. on file for all children. This was something that came into me right away in morning.	8-1-14	
8 250.09(1)(c)1. Infant & Toddler - Information For Providing Individualized Care Description: The Intake for Child Under 2 Years was not on file for Child 5.	Had all information that I was told would be ok in my area. on a computer program. will do paperwork from now on.	8-2-14	

NAME - Agency Worker

Heather Struck

Date Issued

7/24/2024

8-5-24

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed