

Date Correction Plan Due  
2/20/2025

**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)(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

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  
2/5/2025

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

1 250.06(2)(n)1.a.  
Radon - Testing

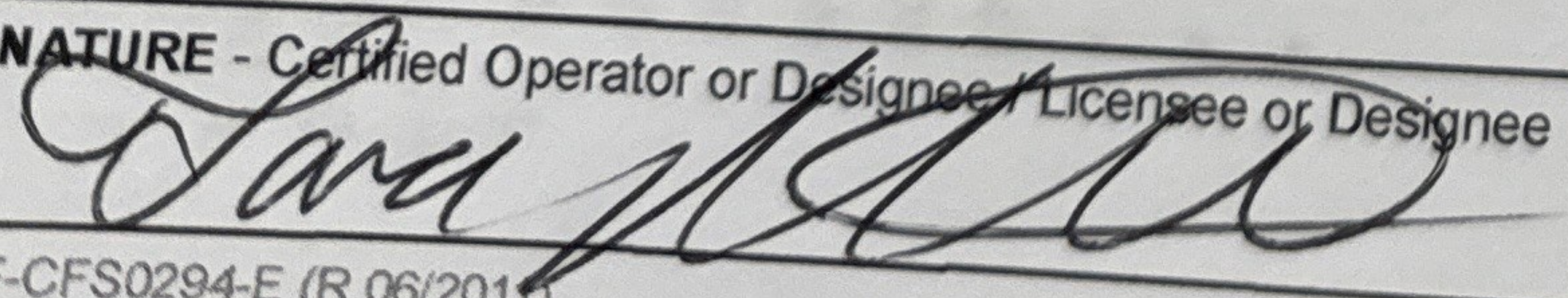
Description: On 08/22/24 the basement was inspected by the licensor following construction to the home and was approved for child care use. As of 02/05/25 updated radon test results meeting licensing standards has not been received.

I will write myself a note to make sure I get it done on time.

Never got first Radon test back. Second will be sent 4-9e Hoping to get back by 4-25

NAME - Agency Worker  
Heather Struck

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Issued  
2/5/2025

Date Signed

4-8-25