

Date Correction Plan Due 10/7/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Apple Tree Childcare Llc		Provider Number / Facility ID Number 8000589648 / 001 - 2004283		
Address - Facility (Street, City, State, Zip Code) 806 E Vilas St Marshfield WI 544491638		Telephone Number 715-898-1833	Date - Regulation Visit 9/6/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(b) Current, Accurate Daily Attendance Record Description: During review of attendance sheets in the Garden classroom, 7 children were present but only 6 children were signed in.	Individual staff each reviewed with Administrator during shift start-procedure for child arrival and sign-in processes on classroom clipboards, along with name-to-face verifications	10/4/24	10/4/24
2	251.06(3)(b)2. Emergencies - Practice Written Plans Description: Documentation of practiced tornado and fire drills was not on file for August 2024.	Reminders are posted on office calendar as well as programmed into Director's phone for extra precaution	10/3/24	10/3/24

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806 E Vilas St Marshfield WI 544491638		715-898-1833	9/6/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Medical log books had not been reviewed in the last six months.	Reminders are posted on office calendar to review prior to 6 month review	10/3/24	10/3/24
4	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: In the Garden Classroom, an authorization for teething tablets did not have times listed for authorization for Child 1.	Reviewed with the parent completing. reviewed with each individual staff. Instructed staff to verify with Administrator or Director if unsure. Posted example form for reference to parents and staff.	10/3/24	9/30/24
5	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: In the Garden Classroom, there was unlabeled teething medication.	Reviewed with staff and posted label reminders on med bins & on example form to parents & staff.	10/3/24	9/30/24
6	251.07(6)(i)1. Washing Child's Hands & Face Description: Per observation, a child in the Garden classroom hands were not washed after diapering. Repeat violation: Previously cited on 11/17/2023	New, clearer copy of DCF Cleaning, sanitizing and Disinfecting Procedures is posted near each toilet and changing station. Reviewed with demonstration to each staff individually.	10/4/24	9/30/24

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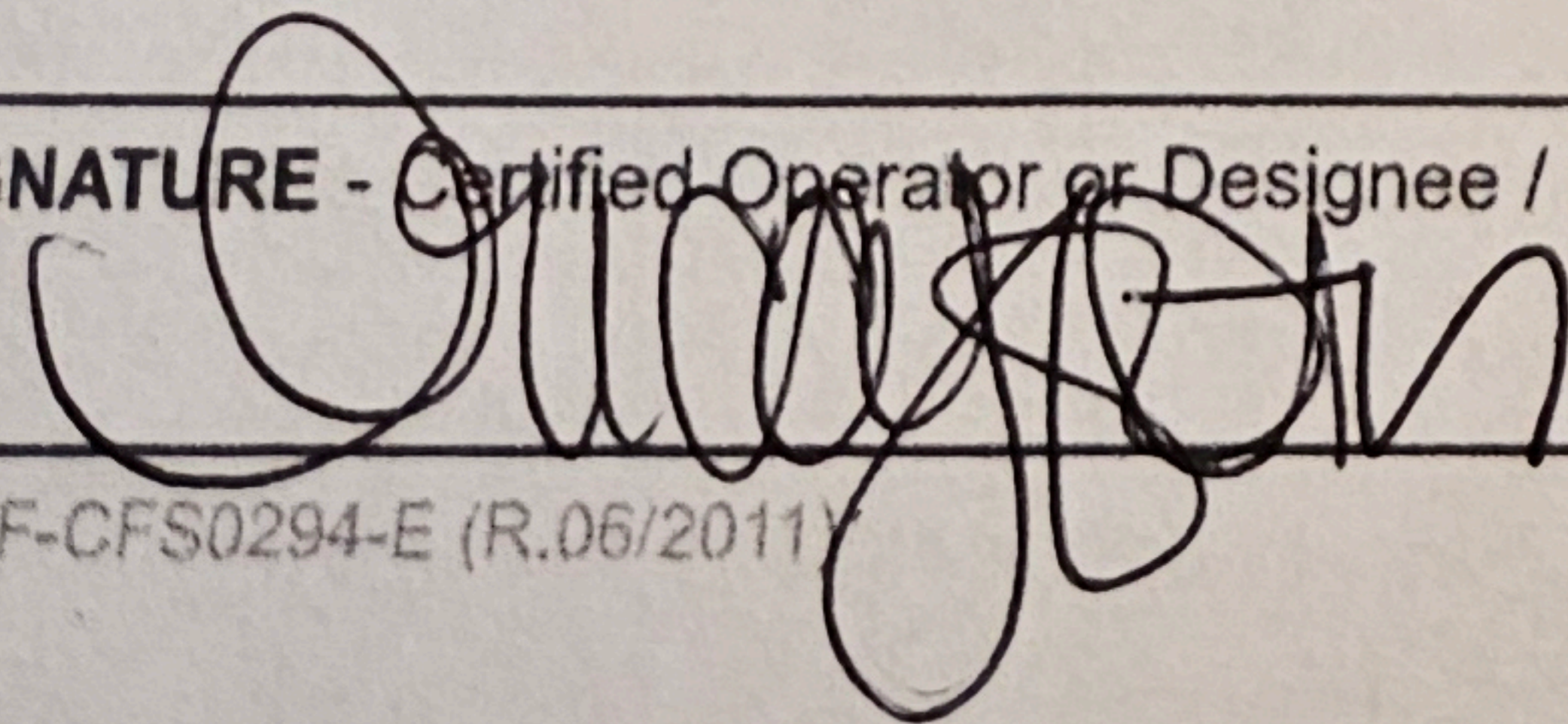
Expected
Completion Date

Verification
Date

NAME - Agency Worker
Tiisha Harrell, Bonnie Davis

Date Issued
9/23/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10/4/24