

Date Correction Plan Due 4/18/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL
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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 Light House Childcare		Provider Number / Facility ID Number 6000566256 / 001	
Address - Facility (Street, City, State, Zip Code) 1835 Blake Ave Racine WI 534042317		Telephone Number 262-412-6840	Date - Regulation Visit 4/2/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date Verification Date</b>
1	<p>202.08(1)(b)1. Prior To Certification And Prior To Beginning To Work With Children Each Provider, Including Volunteers, Substitutes, And Emergency Back-Up Providers, Or Any Other Person Who Provides Care And Supervision For Children Under One Year Of Age Shall Complete Training In The Most Current Medically Accepted Methods For Reducing The Risk Of Sudden Infant Death Syndrome.</p> <p>Description: Provider failed to submit SIDS training completed by their back-up provider.</p>	<p>MS backup provider Completed SIDS training Sudden Infant Death Syndrome ON - <u>2-24-24</u> Head trauma training ON - <u>2-22-24</u></p>	<p>Completed both 2-22-24 2-24-24 Completion Date 6-30-24</p> <p style="text-align: center;">Completion</p>



Name - Certified Operator / Licensed Center Light House Childcare		Provider Number / Facility ID Number 6000586256 / 001	
Address - Facility (Street, City, State, Zip Code) 1835 Blake Ave Racine WI 534042317		Telephone Number 262-412-6840	Date - Regulation Visit 4/2/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
2	202.08(1)(b)2. Prior To Certification And Prior To Beginning To Work With Children Each Provider, Including Volunteers, Substitutes, And Emergency Back-Up Providers, Or Any Other Person Who Provides Care And Supervision For Children Under 5 Years Of Age Shall Complete Department-Approved Training On Shaken Baby Syndrome And Abusive Head Trauma And Appropriate Ways To Manage Crying, Fussing, Or Distraught Children.  Description: Provider failed to submit AHT training completed by their back-up provider.	Training completed on - Sids 2-22-24	Completion Date 6-30-24
			Verification Date

*Debra Rivera*  
 NAME - Agency Worker  
 Magregor Mlanecki-Saylor

*5-21-24*  
 Date Issued  
 4/2/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

