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Date Correction Plan Due
11/8/2023

NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN

TO FILE A COMPLAINT CALL
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.

| Nan   | ne - Certified Operator / Licensed Center  | r Number / Facility ID Number  |                                      |                      |
|---|--|--|--------------------------------------|----------------------|
| Our   | Shepherd Child Care Center   | 70005  | 75147 / 001 - 1006019                |                      |
| Address - Facility (Street, City, State, Zip Code) 3335 N Lynndale Dr Appleton WI 54914 |  | Telephone Number<br>920-733-3344   | Date - Regulation Visit<br>7/26/2023 |                      |
|   | Rule/Statute Number Noncompliance Statement  | Correction Plan  | Expected<br>Completion Date          | Verification<br>Date |
| 1   | 251.04(3)(k)1.  Report - Law Enforcement Contact - Harm  Description: The program failed to notify The Department, within 24 hours, of law enforcement and child protective services contact that occurred on 7/21/23.   | our program will<br>notify the dependment,<br>within 24 hours, of<br>law enforcement and<br>child protective services<br>contact.  | 11/1/23                              |                      |
| 2   | 251.07(2)(e) Child Guidance - Prohibited Actions  Description: The program self-reported that on July 20, 2023, a staff member pulled a five-year-old child by their ankles across the floor 10-12 feet to their rest mat. This resulted in the child having bruising on both lower legs and rug burn on their back. | Actions that may be psychologically, emohorally or physically painful, discomfishing dangerous or potentially injurious are prohibited, Employee was immediately dismissed | 10/1/23                              |                      |

| Name - Certified Operator / Licensed Cente  | Provider Number / Facility ID Num | Number / Facility ID Number      |                                    |                      |  |
|---|-----------------------------------|----------------------------------|------------------------------------|----------------------|--|
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| NAME - Agency Worker<br>Cassandra Debauche  | Date Issued<br>10/25/2023         |                                  |                                    |                      |  |
| SIGNATURE - Certified Operator or Design  | ee / Licensee or Designee         |                                  | Date Signed 1 1- 1- 2023           |                      |  |