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BY: *[Signature]*

STATE OF WISCONSIN

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Due Date
Correction Plan Due
6/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL

Instructions: 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 260.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 262.41(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 and Child Care Centers 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 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. 48.857. 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 copy of the sanction and / or penalty and your appeal rights.

Certified Operator / Licensed Center: _____ **Provider Number / Facility ID Number:** 0000572600 / 001

Facility (Street, City, State, Zip Code): _____ **Telephone Number:** 262-412-9844 **Date - Regulation Visit:** 6/13/2025

Rule/Statute Number / Noncompliance Statement: _____ **Correction Plan:** _____ **Expected Completion Date:** _____ **Verification Date:** _____

08(12)(c)
Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Licensed Child Care Provider Is In Ongoing Communication With A Child's Parent By Developing A Written Contract That Specifies The Charge For Child Care And The Expected Agency Of Payment For The Service. The Contract Shall Be Signed By The Operator And A Parent Or Guardian.

I will see that there is a signed contract in everyone's files
Child 1, 2, 15 unenrolled

~~6/25/25~~
6/26/25

6/17/25

Notes: Provider did not have signed contracts for children 1 (enrolled), 2 (unenrolled), 8.

Name - Certified Operator / Licensed Center

Tender Care

Provider Number / Facility ID Number

0000572600 / 001

Address - Facility (Street, City, State, Zip Code)
1233 Carlisle Ave Racine WI 534042969

Telephone Number
262-412-9844

Date - Regulation Visit
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Verification
Date

2 202.08(12)(d)1-4
Prior To A Child's First Day Of Attendance For Any Child In Care,
Obtaining Information On A Form Prescribed By The
Department With Enrollment And Health History Information,
Including All Of The Following:
1. The Parents' Home And Work Phone Numbers.
2. Health History, Including Information Relating To A Child's
Special Health Care Needs And Emergency Care Plan.
3. The Parents' Signed Consent For Emergency Medical Care.
4. A Name And Number To Call If The Child Requires
Emergency Medical Care.

I will make
sure all files
are completed
on time

~~6/27/25~~
6/27/25

6/17/25

Description: Children 1 (unenrolled), 4, 5, 6, 8 missing child enrollment
& health history form.

3 202.08(12)(g)
The Certified Child Care Operator Shall Be In Ongoing
Communication With A Child's Parent Or Ensure That A
Substitute Child Care Provider Is In Ongoing Communication
With A Child's Parent By Using Information Obtained On The
Department-Provided Child Care Intake For Child Under 2 Years
Form, Which Collects Essential Information For Infants And
Toddlers, To Individualize The Program Of Care For Each Child
Under 2 Years Of Age.

His birthday
came before he
started he is

~~6/27/25~~
6/27/25

6/17/25

Description: Provider missing intake for child under 2 form for child 3

Section 1: Parental Consent and Release of Liability

I, the undersigned, hereby consent and release the State of Texas, the State Child Care Operator, and the State Child Care Provider from and against all claims, damages, and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by the State of Texas, the State Child Care Operator, or the State Child Care Provider, arising out of or from the care, custody, and control of the child named herein, while the child is in the care of the State Child Care Provider, including any injury to or death of the child, whether or not such claims, damages, and expenses are caused in whole or in part by the negligence of the State of Texas, the State Child Care Operator, or the State Child Care Provider, and I understand that my signature on this form constitutes my consent to the care, custody, and control of the child named herein by the State Child Care Provider, and I understand that my signature on this form constitutes my release of the State of Texas, the State Child Care Operator, and the State Child Care Provider from and against all claims, damages, and expenses, including reasonable attorneys' fees, that may be asserted against or incurred by the State of Texas, the State Child Care Operator, or the State Child Care Provider, arising out of or from the care, custody, and control of the child named herein, while the child is in the care of the State Child Care Provider, including any injury to or death of the child, whether or not such claims, damages, and expenses are caused in whole or in part by the negligence of the State of Texas, the State Child Care Operator, or the State Child Care Provider.

Section 2: State Child Care Operator's Duties

The State Child Care Operator shall be in ongoing communication with a child's parent or ensure that a state child care provider is in ongoing communication with a child's parent by using information obtained on the parent-provided child care intake for child under 3 years which collects essential information for infants and is to individualize the program of care for each child 3 years of age.

For provider missing intake for child under 3 years of age:

Parent Name	Child Name	DOB	Signature
I will make sure all info are completed on time.		6/27/25	[Signature]
His birthday came before he started he is		6/27/25	[Signature]

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Tender Care

0000572600 / 001

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1233 Carlisle Ave Racine WI 534042969

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262-412-0844

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4 202.08(1m)(a)8.
A Certified Child Care Operator Shall Maintain A Current Written Record On Each Child In Care, Including The Provider's Own Children Under 7 Years Of Age, And Make The Record Available To A Child Care Certification Worker Upon Request.

Description: Provider did not have a file for child 8.

~~Child 6 was not~~
he was here on a trial base dont know if he coming back if so I will see that all documents are in order

6/27/25

6/20/25

5 202.08(4)(a)
Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School.

Description: Provider did not have a health report for children 1 (unenrolled), 2 (unenrolled), 3, and 7.

I will make sure health report for 3 and 7 are in the files child 2 are not here anymore they are unenrolled

6/27/25

6/20/25

6 202.08(4)(e)
The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144.

Description: Missing immunization records for children 4 & 6

I will make sure immunization records are on file for 4, 6 and any child in my daycare going forward

6/27/25

6/20/25