

**RECEIVED**  
JUL 8 2025  
TO FILE A COMPLAINT CALL

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due  
7/15/2025

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline the plan of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.085, DCF 285.04(2)(i) and (3)(d), DCF 287.04(2)(i) and (3)(d), DCF 289.41(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. 48.667. 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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center  
Tender Care  
Provider Number / Facility ID Number  
0000672600 / 001

Address - Facility (Street, City, State, Zip Code)  
1233 Carlisle Ave Racine WI 534042969  
Telephone Number  
262-412-0044  
Date - Regulation Visit  
7/2/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(1m)(a) If Requested By The Certification Agency, An Operator Shall Submit A Plan Of Correction For Cited Violations Of This Chapter, Ch. DCF 13, Or S. 48.888, Stats., To The Certification Agency By The Date The Agency Specifies. The Operator Shall Submit A Revised Plan Of Correction To The Agency If The Initial Plan Is Not Accepted By The Agency.  Description: Provider has not submitted correction items for children 4-6 and health report for child 7 by expected completion date.	Items for 4-6 are in  Items for 7 will be in by 7/20/25 I will see that all items are in on time	7/20/25	7/15/25

NAME - Agency Worker  
Yovanka Vazquez, Tasha King

Date Issued  
7/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Sherril Bonds*

Date Signed  
7/15/25