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| Date Correction Plan Due 3/5/2025 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 715-930-1148 |
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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.

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|---|---|--|--|--------------------------|
| Name - Certified Operator / Licensed Center Tender Learning Center | | Provider Number / Facility ID Number 0000555890 / 002 - 1006786 | | |
| Address - Facility (Street, City, State, Zip Code) 611 E Menasha Ave Ladysmith WI 54848 | | Telephone Number 715-532-5200 | Date - Regulation Visit 11/12/2024 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 251.06(2)(a) Potential Source Of Harm On Premises Description: The blue color wood bench had protruding and rusty nails. The bench also had flaking paint. This bench was outside and accessible to the children. | The blue bench will be dismantled and thrown away when the snow melts | When snow melts "April" | |
| 2 | 251.06(2)(d) Access To Materials Potentially Harmful To Children Description: A Wasp Hornet Killer spray bottle was placed with the outdoor play equipment and accessible to the children. The spray bottle has a warning on the label to keep out of the reach of children. | The hornet spray was immediately removed from the play area and thrown away. | 11/12/24 | |

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| 3 | 251.06(4)(a) Fire Extinguishers - Operable, Inspected, Labeled Description: The fire extinguishers were last inspected back in August of 2023. The inspection must be done yearly. | I called the inspector and he came on 11-14-24 to inspect the fire extinguishers | 11-14-24 |
| | | | Verification Date |

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| NAME - Agency Worker Sou Yang, Wendy Badzinski | Date Issued 2/19/2025 |
| SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Bobbi Jo Vajtasek</i> | Date Signed 2/21/25 |

0060298

| CUSTOMER ORDER NO. | | DEPARTMENT | | | DATE Nov 14, 2024 | | | |
|---|-------------|----------------------------------|--------|--------|----------------------|-------------|----------|-----------|
| NAME TENDER LEARNING CENTER | | | | | | | | |
| ADDRESS 611 EAST MENASHA AVE | | | | | | | | |
| CITY, STATE, ZIP LADYSMITH, WI 54848 | | | | | | | | |
| SOLD BY Pavlik | | CASH | C.O.D. | CHARGE | ON ACCT. | MDSE. RETD. | PAID OUT | SHIP DATE |
| | | | X | X | | | | |
| QUANTITY | DESCRIPTION | | | | PRICE | AMOUNT | | |
| 1 | 8 | Inspect & Tag Fire Extinguishers | | | 6- | 48- | | |
| 2 | | Inspect, Refill, Recharge & Tag | | | | | | |
| 3 | | Additional Services Provided | | | | | | |
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| 15 | | | | | | | | |
| 16 | | Pavlik's | | | | | | |
| 17 | | Fire Extinguisher Service | | | | | | |
| 18 | | 209 N. Avenue W. | | | | | | |
| 19 | | Ladysmith, Wi. 54848 | | | | | | |
| 20 | | 715-403-1453 | | | | | | |
| RECEIVED BY | | Thank you South | | | TAX | EXEMPT | | |
| | | | | | TOTAL | 48- | | |

P
 11-14-24
 CK # 13124

KEEP THIS SLIP FOR REFERENCE