

Date Correction Plan Due 10/15/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Patty's Safe Haven		Provider Number / Facility ID Number 0000558620 / 001 - 1007376		
Address - Facility (Street, City, State, Zip Code) 6611 17Th Ave Kenosha WI 53143		Telephone Number 262-914-5267	Date - Regulation Visit 9/25/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. Child Record - Health History Description: Child #3 did not have documentation of health history page.	I put the Form in the child File.	9/25/25	
2	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child #3 did not have documentation of a current health report on file.	Dr. Fill the paper already	10/10/25	

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3	250.05(3)(e)1. Provider Training - Obtain Cpr Certificate Description: Staff A did not have documentation of CPR training on file.	I'm waiting to take the class	11/25	
4	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A did not have documentation of current Child Abuse and Neglect training in staff file. Repeat violation: Previously cited on 9/28/2023	I put the certificate in my file.	9/25/25	
5	250.05(4)(c)1. Continuing Education - Requirement & Training Topics Description: Staff A did not have 15 hours of continuing education training in staff file. Repeat violation: Previously cited on 9/28/2023	I'm working in my hours.	11/25	
6	250.06(2)(n)1.a. Radon - Testing Description: The radon test was expired.	I'm send it the test, and am waiting for the result	10/30/25	

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7	250.06(4)(b) Fire Extinguisher Description: The fire extinguisher was empty. Repeat violation: Previously cited on 9/28/2023	I replace the Fire Extinguisher. For a new one	9/25/25
8	250.06(7)(a)1. Exits - Unobstructed Description: The exit in the back did not have an easily accessible latch to open the door.	I replace the lock For a new one	9/25/25

NAME - Agency Worker
Joel Marquez

Date Issued
10/1/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Patricia Rodriguez

Date Signed

10/15/2025