Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
5/23/2025		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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Tribal Day Care		3000556493 / 001 - 420181
Address - Facility (Street, City, State, Zip Code) N774 Weso Apt Rd Keshena WI 54135	**Telephone Number** 715-799-5202	**Date - Regulation Visit** 4/23/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)4.d. **Staff Record - Educational Qualifications** Description: Staff member A on the staff record checklist failed to have educational qualifications on file.	Staff member will bring copy of educational qualifacth	5/2	
2	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Staff member A on the staff record checklist failed to have documentation of Abusive Head Trauma training on file. Repeat violation: Previously cited on 6/14/2023	find training or video on AHT-	5/16	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff member C on the staff record checklist failed have documentation of a current mandated reporter training on file.	updated Mandated Reporter	5/16	
4	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: One medication failed to have a parent authorization to administer.	Hand out copy Policy Procedure book page 18 Section E	5/16	
5	251.09(1)(k) **Infant & Toddler - Bedding** Description: During the licensing visit, a one-year-old child was observed sleeping with a blanket over their head.	Hand out copy of policy + procedure Book - page 21	5/16	
6	251.09(4)(a)3. **Infant & Toddler - Diaper Changing Surface Disinfection** Description: The toddler room failed to use the two step process of using soap and water as well and then a disinfectant when cleaning the diaper table.	Hand out copy of policy + procedure page 19 + 20	5/16	