Date Correction Plan Due 11/21/2025	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 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** 10/10/2025	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff member B on the staff record checklist failed to have a staff health report on file.	Staff member will have health report sign by their physician	11/20	
2	251.05(2)(a)4.a. **Staff Record - Registry Certificate** Description: Staff member A on the staff record checklist failed to a Registry certificate on file.	Staff member will register on-line	11/20	

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3	251.05(2)(a)8. **Staff Record - Orientation** Description: Staff member B on the staff record checklist failed to have an orientation on file.	Director will go over orientation check list with employee.	11/12	
4	251.06(4)(d) **Exits & Passageways - Unobstructed, Minimum Width** Description: Room 1 failed to have a minimum clear width of three feet in front of the fire exit. It was unobstructed by a shelf.	Teachers will move classroom around to make door way clear	11/12	
5	251.09(1)(L) **Infant & Toddler - Soft Materials In Cribs** Description: During the licensing visit, Rooms 1 and 2 had blankets in cribs with children under one year of age.	All blankets will be removed from classrooms. center will order swaddles for classrooms	11/12	

NAME - Agency Worker
Gina Linssen

Date Issued
11/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Ramona

Date Signed
11/13/2025