

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)(f) 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**

Lakeshore Child Care Center Inc 7000558537 / 001 - 420029

Address - Facility (Street, City, State, Zip Code) **Telephone Number**

3400 Division St Manitowoc WI 542205967 920-682-6290

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(3)(b) Abusive Head Trauma Prevention Training</p> <p>Description: Upon review of staff file staff member C did not have documentation of completion of Abusive Head Trauma in file.</p>	<p>Director will get documentation from employee; if documentation cant be found, Director will sign employee up for training to obtain certificate within the next week.</p>	July 25 2025	
2	<p>251.05(3)(cm) Child Abuse & Neglect - Biennial Training</p> <p>Description: Staff member 1-4 did not have current mandated reporter training documentation on file.</p>	<p>Director will get all staff to complete Mandated reporter training ASAP and have it on the calendar to get updated every 2 years so it is not forgotten again.</p>	July 25 2025	

Name - Certified Operator / Licensed Center Lakeshore Child Care Center Inc		Provider Number / Facility ID Number 7000558537 / 001 - 420029	
Address - Facility (Street, City, State, Zip Code) 3400 Division St Manitowoc WI 542205967		Telephone Number 920-682-6290	Date - Regulation Visit 7/3/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(3)(e)4.d. Center Director / Large Center - Entry-Level Training Description: Center director has no record of completed preservice training in file. Repeat violation: Previously cited on 1/28/2025	Director is looking into previous school that was done and getting documents sent to the registry. If these do not reflect proper training needed. Director will get the proper training and reevaluate changes that might need to be made	Aug 25 2025	
4 251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: Drills not documented as complete since February 2025.	Director will create a better system to document when drills are done so they are not forgotten	July 25 2025	
5 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The boo boo and medication book for the 2 year old room was not reviewed since 12/2024. Repeat violation: Previously cited on 1/28/2025	BOO BOO and Medication books were reviewed on July 7 and will be checked again every 6 months. Already written on calendar to remind director to check.	July 25 2025	

NAME - Agency Worker
Jessica Farah

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

07/8/2025