

Date Correction Plan Due
6/6/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
715-361-7700

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 Safe Haven Childcare Center		Provider Number / Facility ID Number 4000578594 / 001 - 1005427	
Address - Facility (Street, City, State, Zip Code) 732 Birch St Rothschild WI 544741922		Telephone Number 715-218-7887	Date - Regulation Visit 5/21/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1. Child Record - Enrollment Information Description: Child 4 did not have the first date of attendance on file.	Parent filled in form - same day -	5-25	
2 250.04(6)(a)3. Child Record - Alternate Arrival / Release Agreement Description: Child 6 and Child 7 did not have an alternate arrival/release agreement on file.	Both parents filled out + brought me forms	5-25	
3 250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 1 did not have a current health report on file.	Parent filled out form & brought to me	5-25	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4 250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 7 did not have a current health report on file.	parents filled out + brought me forms	5-25	

NAME - Agency Worker
Bonnie Davis, Brooke Lampe

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued
5/23/2025

Date Signed
5-25-25