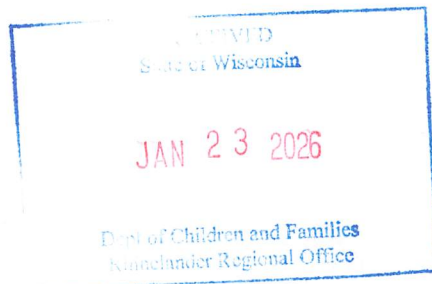


Date Correction Plan Due 1/28/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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 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 1/8/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 1 did not have an updated health report on file. Repeat violation: Previously cited on 5/21/2025	<i>I HAD PARENT get form filled out</i>	1/12/26	
2	250.06(2)(c) Access To Materials Potentially Harmful To Children Description: Per observation, there was caulk and flex glue on a table that were accessible to children in care.	<i>I moved items out of DC Area</i>	1/8/26	



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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Child 2 had an Epi-pen on site and did not a completed written authorization from a parent on file.	I returned meds to Parent - No longer on premises	1/8/26	
4	250.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: Child 2 had an Epi-pen on site and it was not in the original container and it was not labeled with the child's name on it.	SAME AS ABOVE	1/8/26	

NAME - Agency Worker
Bonnie Davis, Brooke Lampe

Date Issued
1/14/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed