

<b>Date Correction Plan Due</b> 5/24/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Tomahawk Child Care Center		2000556562 / 001 - 620263		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
648 E Lincoln Ave Tomahawk WI 544871527		715-453-1602	5/8/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(4)(a)2.c. <b>Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication</b>  Description: Per discussion with staff, a child bumped his head on 05/07/2024 and a parent had not been notified as of the time of the visit on 05/08/2024.	The Director will review the proper procedure for notifying parents of injury. Staff members will notify any future injuries to parents by using the proper parent notification procedure.	6/10/2024	
2	251.05(2)(a)4.d. <b>Staff Record - Educational Qualifications</b>  Description: Staff C does not have documentation on file that she is assistant teacher qualified. Staff H does not have documentation on file that she is teacher qualified.	Staff C and Staff H will provide documentation of educational qualifications to have on file for verification.	6/10/2024	

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	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
3	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff E has documentation of completion of CPR training but the training was not taken with an approved provider.	Staff E will retake and complete CPR Training through an approved provider.	6/10/2024
			<b>Verification Date</b>

**NAME - Agency Worker**  
Kirsten Kronberger

**Date Issued**  
5/10/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Nicole Azarian* - Nicole Azarian - Director

**Date Signed**

5/10/2024