

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Tiger's Den Nest		Provider Number / Facility ID Number 0000588820 / 001 - 2100803		
Address - Facility (Street, City, State, Zip Code) 10465 E Hwy 2 Po Box 188 Poplar WI 54864		Telephone Number 715-364-8465	Date - Regulation Visit 3/3/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: Contrary to s. 48.686(2)(ab) Wis. Stats., the center failed to submit a name-based background check request to the department prior to Staff C and Staff D becoming caregivers. Repeat violation: Previously cited on 5/20/2025	will put both staff C and D into the Portal.	3/20/26	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff F was missing documentation of having maintained a current certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department.	planning to have a teacher come out + teach us as a group	5/1/26	

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State of Wisconsin
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3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff C, Staff D, and Staff F, were missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.	Staff C and F have completed. Staff D has received it + will complete next week.	3/17/26
4	251.06(3)(b)1. Emergencies - Routes And Shelter Areas Posted Description: The center's fire evacuation route and tornado shelter areas were not posted as is required by rule.	We will post fire routes and tornado shelter.	3/9/2026

NAME - Agency Worker
Amelia Gruber

Date Issued
3/9/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Casey Allred

3/9/26