

Date Correction Plan Due 4/16/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 Linda's Little Angels Llc		Provider Number / Facility ID Number 1000590251 / 002		
Address - Facility (Street, City, State, Zip Code) 3325 Debra Ln Racine WI 534033567		Telephone Number 813-270-3318	Date - Regulation Visit 4/2/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<p>202.08(1)(b)1. <b>Prior To Certification And Prior To Beginning To Work With Children Each Provider, Including Volunteers, Substitutes, And Emergency Back-Up Providers, Or Any Other Person Who Provides Care And Supervision For Children Under One Year Of Age Shall Complete Training In The Most Current Medically Accepted Methods For Reducing The Risk Of Sudden Infant Death Syndrome.</b></p> <p>Description: Provider failed to submit SIDS training completed by their back-up provider.</p>	<p><i>I will make sure to always turn in a copy of completed training</i></p> <p><i>Back up provider is having trouble getting someone on the phone to get a copy of the 2 classes</i></p>	<i>6/30/24</i>	<i>4/9/24</i>

REC'D - RCWDC  
APR 11 2024

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Provider Number / Facility ID Number 1000590251 / 002		Rule/Statute Number Noncompliance Statement		Correction Plan		Expected Completion Date	
2		202.08(1)(b)2. Prior To Certification And Prior To Beginning To Work With Children Each Provider, Including Volunteers, Substitutes, And Emergency Back-Up Providers, Or Any Other Person Who Provides Care And Supervision For Children Under 5 Years Of Age Shall Complete Department-Approved Training On Shaken Baby Syndrome And Abusive Head Trauma And Appropriate Ways To Manage Crying, Fussing, Or Distracted Children. back-up provider.		I will make sure to always turn in a copy of completed training. Backup provider is having trouble contacting someone for a physical copy of the 2 classes		6/30/24	
		Description: Provider failed to submit AHT training completed by their				4/9/24	

REC'D - RCWDC  
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Date Issued  
4/2/2024

NAME - Agency Worker  
Magregor Mianeck-Saylor

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Margaret Mianeck-Saylor*

Date Signed

4/9/24