

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

Date Correction Plan Due
4/10/2025

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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Tender Heart Childcare

4000578294 / 003 - 1014968

Address - Facility (Street, City, State, Zip Code)
N1350 State Road 113 Lodi WI 535559612

Telephone Number
608-669-1862

Date - Regulation Visit
3/27/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1m. Child Record - Health History Description: Child 2 is missing documentation of a health history.	Have parent fill the form out	4-1-25	
2	250.06(2)(k) Deteriorating Or Toxic Paint Description: There is deteriorating paint on the garage, part of which is accessible to children in the outdoor play space.	powerwash the garage, repaint	4-1-25	

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Address - Facility (Street, City, State, Zip Code) N1350 State Road 113 Lodi WI 535559612		Telephone Number 608-669-1662	Date - Regulation Visit 3/27/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expeded Completion Date	Verification Date
3	250.09(1)(c)1. Infant & Toddler - Information For Providing Individualized Care Description: Child 2 is missing a form documenting an individualized program of care for children under age two.	Have parent fill the form out.	4-1-25	

NAME - Agency Worker
Amy Anderson

Date Issued
3/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jennifer Burke

Date Signed
3-27-25