

Date Correction Plan Due
2/11/2020

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

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 Tender Heart Childcare		Provider Number / Facility ID Number 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 1/22/2020	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(3)(g) Provider Training - Shaken Baby Syndrome Prevention Description: The substitute, prior to working with children in care under age five years, did not complete department-approved training in shaken baby syndrome and abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children.	I am going to check into the Shaken baby training. I will have my sub have the training if I use	3-1-20	
2	250.05(4)(a) Staff Orientation - Documentation Description: A substitute did not receive an orientation before beginning to work with children in care.	them again.	3-1-20	

NAME - Certification Worker / Licensing Specialist
Nicole Schneider

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jennifer Burke

1-28-2020