Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
12/2/2025		715-930-1148

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		Provider Number / Facility ID Number	
Sharing Den Daycare		2000593232 / 001 - 2008271	
Address - Facility (Street, City, State, Zip Code) 206 E 5Th St Superior WI 548806825	**Telephone Number** 423-432-7060	**Date - Regulation Visit** 11/12/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.05(2)(a) **Staff File - Staff Record Form** Description: There was no documentation of Staff Record form information in the file for Staff A.	Staff A has been given the forms to be completed.	12/12/25	
2	250.05(2)(d)1. **Staff File - Physical Examination - Form** Description: The file for Staff A did not contain documentation of a physical examination report completed within 12 months before or within 30 days after beginning work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children.	Staff A will bring forms to next dactor appointment Will return to me to be Placed in file by end of month.	12/31/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Sharing Den Daycare		2000593232 / 001 - 2008271	
Address - Facility (Street, City, State, Zip Code) 206 E 5Th St Superior WI 548806825	**Telephone Number** 423-432-7060	**Date - Regulation Visit** 11/12/2025	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 250.05(3)(e)1. **Provider Training - Obtain Cpr Certificate** Description: Staff A and Staff B were 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.	Staff B will complete training 12/15 and Staff A will complete within the month	12/31/25	
4 250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Staff A and Staff B were missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.	Both staff A & B are scheduled to complete this training on 12/8 & 12/10	12/12/25	
5 250.05(3)(g) **Provider Training - Abusive Head Trauma** Description: Documentation of completion of Abusive Head Trauma (AHT) training was not observed in the file for Staff A. AHT training is required to be completed before a child care worker begins to work with children under age 5. Repeat violation: Previously cited on 8/14/2025	Staff A has registered for this training to be completed 12/3	12/4/25	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Sharing Den Daycare		2000593232 / 001 - 2008271	
Address - Facility (Street, City, State, Zip Code) 206 E 5Th St Superior WI 548806825	**Telephone Number** 423-432-7060	**Date - Regulation Visit** 11/12/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6	250.05(4)(a) **Staff Orientation - Documentation** Description: Staff A and Staff B were missing documentation of having received a complete orientation within their first week at the program.	Staff A and B have received complete orientation as of 12/1/25	12/1/25	
7	250.06(2)(c) **Access To Materials Potentially Harmful To Children** Description: It was observed during the monitoring visit that a serrated knife was on top of the stove in the kitchen which was accessible to children.	Knives are promptly cleaned and placed in the upper cabinet out of childrens reach moving forward.	11/12/25	
8	250.07(4)(d) **Naps - Bedding** Description: During the monitoring visit, it was observed that children's bedding was not being stored in a sanitary manner when children's cots and blankets were being used as a fort and multiple children were climbing on the cots.	Cots and bedding for naps have been put away for only napping. Fort building materials are not used for napping.	11/30/25	

NAME - Agency Worker
Amelia Gruber

Date Issued
11/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed 12/2/25