

<b>Date Correction Plan Due</b> 8/20/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
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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.

<b>Name - Certified Operator / Licensed Center</b>  Under Learning Care	<b>Provider Number / Facility ID Number</b>  0000558810 / 003 - 2002046
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<b>Address - Facility (Street, City, State, Zip Code)</b> 63 Western Ave Cedarburg WI 530129468	<b>Telephone Number</b> 414-531-6529	<b>Date - Regulation Visit</b> 6/23/2025
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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
250.04(2)(g) <b>Liability Insurance If Dogs Or Cats Are Accessible</b>  Description: The center's liability insurance expired on 12-06-2025.	already provided proof	8/22/25	
250.05(3)(e)2. <b>Provider Training - Current Cpr Certificate</b>  Description: The provider did not have a current CPR certificate on file available for review.	Needs CPR Certification	3/1/26	

Tender Learning Care

Address - Facility (Street, City, State, Zip Code)  
1063 Western Ave Cedarburg WI 530129468

Telephone Number  
414-531-6529

Date - Regulation Visit  
6/23/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>250.05(4)(c)1. <b>Continuing Education - Requirement &amp; Training Topics</b></p> <p>Description: The provider did not have the required 15 hours of continuing education on file.</p>	Do Continue Ed	3/1/26	
<p>250.06(6)(b)1.a. <b>Private Well - Annual Bacteria Test</b></p> <p>Description: The well's annual bacteria test expired on 02-02-2024.</p>	Already Done	8/22/25	
<p>250.06(6)(b)2.a. <b>Private Well - Annual Nitrate Test</b></p> <p>Description: The center's annual Nitrate test for the well expired on 06-25-2024.</p>	Already done	8/22/25	
<p>250.06(6)(b)3.a. <b>Private Well - Lead Test</b></p> <p>Description: The center did not have a lead test for the well on file.</p>	Get lead test	3/1/26	

Signature - Agency Worker  
Erin Mancoske-Anderson

Date Issued  
8/6/2025

Signature - Certified Operator or Designee / Licensee or Designee

Date Signed  
8/20/25