

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
4/9/2024

TO FILE A COMPLAINT CALL
262-446-7800

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 2000591502 / 001 - 2006692

Teacher's Tots

Address - Facility (Street, City, State, Zip Code) _____ Telephone Number 262-914-6560
114 8Th Ct Racine WI 534039443 Date - Regulation Visit 3/20/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)1m.f. Child Record - Health History - Medical Condition Symptoms Description: Steps 2-8 were not documented on the health history form for child 3 and child 6 with identified medical conditions.	Licensee will walk parents through each step and make sure each section is filled in properly	4/19/24 *Center is closed 3/29/24 - 4/7/24 for spring break	
2 250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: A follow up examination for child 2 was not present or accessible during the monitoring visit.	The visit summary of her last visit will be placed in her file.	3/27/24	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.055(1)(a) Supervision Of Children Description: Children were not supervised for brief periods of time as provider changed children's diapers in the bathroom with the door closed.	The door to the Bathroom will remain open at all times during diaper changes/ toileting.	3/27/2024	
4 250.09(4)(b) Infant & Toddler - Diaper Changing Surface - Disinfection Description: The two step cleaning procedure was not completed as only one bottle of sanitizer was utilized to disinfect the changing pad.	A spray bottle with soap and water will be kept in the bathroom and used after each use of the changing table	3/27/2024	

NAME - Agency Worker
Lenisa Lee

Date Issued
3/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

DCF-F-CFS0294-E (R.06/2011)

Date Signed

3/27/2024