

Date Correction Plan Due
6/21/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

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)(f) 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

Teachers Tois

2000591502 / 001 - 2006692

Address - Facility (Street, City, State, Zip Code)
114 8Th Ct Racine WI 534039443

Telephone Number
262-914-6560

Date - Regulation Visit
5/29/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)4. a. Child Record - Physical Exam - Under 2 Description: Child 5 and 6 did not have an updated 6 month health report on file during the monitoring visit. Repeat violation: Previously cited on 3/20/2024	Parents will be asked to provide updated health reports. Documents will be put in files and checked monthly.	9/9/24 *Center is closed 6/13/24-9/9/24 for summer	
2 250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Current immunization documentation was not present or accessible for child 3, 4 and 6 during the monitoring visit.	Parents will be asked to provide updated immunization documentation. Documents will be put in files and checked monthly.	9/9/24 *Center is closed 6/13/24-9/9/24 for summer	

NAME - Agency Worker
Lenisa Lee

Date Issued
6/7/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

CB

Date Signed

6/11/2024