

Date Correction Plan Due 11/6/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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.

Name - Certified Operator / Licensed Center Tlc Day Care And Preschool	Provider Number / Facility ID Number 3000557453 / 001 - 1006299
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Address - Facility (Street, City, State, Zip Code) 617 Thalacker Ave Wisc Rapids WI 544946553	Telephone Number 715-712-4535	Date - Regulation Visit 10/22/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4m. Child Record - Immunization History Compliance Description: Child 2 and Child 3 did not have an immunization record on file. Repeat violation: Previously cited on 12/14/2023	Parent was notified of missing forms. Parent is getting copies from Dr's office and will bring in.	10/31/2025	
2	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Staff A did not have a current CPR certificate on file.	Will complete training on 11/1/25	11/1/25	

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3	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A did not have a current child abuse and neglect training certificate on file.	Training Completed Reminder set on Phone to renew + also on important dates on Calender.	10/27/25
			Verification Date

NAME - Agency Worker
Bonnie Davis, Brooke Lampe

Date Issued
10/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Connie Muehlenkamp

Date Signed

10/28/25