

Date Correction Plan Due 9/18/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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 submit imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 200.042(2)(c) and (3)(d), DCF 201.042(3)(c) and (3)(d), DCF 202.41(1)(b), 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. 48.057. 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 Tracy's Tots		Provider Number / Facility ID Number 8000581908 / 002 - 2002888	
Address - Facility (Street, City, State, Zip Code) 355 W 9TH Ave Oshkosh WI 549026454		Telephone Number 920-573-3414	Date - Regulation Viol 8/26/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1. 250.04(5)(a)4 b. Child Record - Physical Exam - Over 2, Under 5 Description: One child #1 did not have a current (once every 6 months) physical in their file. Repeat violation: Previously cited on 3/3/2025, 9/24/2024, 9/29/2023	Received current form	9/2/25	
2. 250.04(5)(a)4m Child Record - Immunization History Compliance Description: One child #1, did not have their immunization history in their file - see checklist. Repeat violation: Previously cited on 3/3/2025, 9/24/2024	Immunization of file updated	9/2/25	

Name - Certified Operator / Licensed Center Tracy's Totz		Provider Number / Facility ID Number 800581908 / 002 - 202288	
Address - Facility (Street, City, State, Zip Code) 355 W 97th Ave Oshkosh WI 549026454		Telephone Number 920-573-3414	Date - Regulation Viol 8/28/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(5)(b) Current, Accurate Daily Attendance Record Description: On August 26, 2025, the attendance form was not accurate. There were 9 children in care and only 7 signed into care for that day. Repeat violation: Previously cited on 6/19/2025, 3/3/2025	School has started. No more school age	Sept 4 2025	
4 250.05(2)(a) Maximum Number Of Children In Care Of The Center Description: There were 5 children in care during our visit. Provider said one child was her grandson and he was suppose to be with her husband. Repeat violation: Previously cited on 6/19/2025	2 were grand kids Both should have been by grandpa in the bedroom	8/26/2025	until morn care

NAME - Agency Worker
Jill Kellner, Anne Bodart

DATE SIGNED
9/22/2025

SIGNATURE - Certified Operator or Designer / Licensee or Designer
Tracy Hirsche

DATE SIGNED
9/22/2025

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