

Date Correction Plan Due
1/20/2026

**NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN**

TO FILE A COMPLAINT CALL
920-785-7811

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	
Tracy's Tots		8000581908 / 002 - 2002888	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
355 W 9Th Ave Oshkosh WI 549026464		920-573-3414	1/5/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.05(2)(b) Staff File - Background Check Results Description: The emergency back up provider, staff #C, did not have a completed full background check prior to working with children.	Will do + complete	1/12/2026
2	250.05(2)(f) Staff File - Continuing Education Description: The provider did not have 15 hours of continuing education documented for 2025.	I ran a copy + sent it. Was checked off last visit already.	Was completed

Tracy's Tots

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Date - Regulation Visit
1/5/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3 250.05(3)(g) Provider Training - Abusive Head Trauma</p> <p>Description: The emergency back up provider, staff #C, did not have shaken baby syndrome prior to working with children.</p>	<p>Will complete 1/13/2026</p>	<p>1/13/2026</p>	
<p>4 250.05(4)(b) Emergency Back-Up Provider - Orientation</p> <p>Description: The emergency back up provider, staff C, did not have an orientation prior to being left alone with the children.</p>	<p>Will complete 1/13/2026</p>	<p>1/13/2026</p>	
<p>5 250.06(3)(b) Emergency Plans - Practice</p> <p>Description: The fire drill form for 2025 could not be located.</p>	<p>Sent over copy of fire drill form. on clipboard.</p>	<p>1/10/2026</p>	

Date Issued
1/6/2026

NAME - Agency Worker
Jill Kellner

Date Signed

1/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee