

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
920-785-7811

Date Correction Plan Due  
3/28/2024

**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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>	
Tlc 2		1000568511 / 001 - 1007410	
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>
N72 W5897 Appletree Ln Cedarburg WI 530121403		262-375-9837	3/11/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	250.04(6)(a)4.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Based on records review, the center did not have health reports on file for child # 3 and child # 4.	Child Has Doctors Appointment	June 10 2024
2	250.05(2)(f) <b>Staff File - Continuing Education</b>  Description: Based on records review, provider A was 5 hours short of the continuing education hours required.	Completed 3hrs 2 Left	June 10 2024

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	Rule/Statute Number	Correction Plan	Expected Completion Date
	Noncompliance Statement		Verification Date
3	250.05(3)(e)2. Provider Training - Current Cpr Certificate  Description: Based on records review, providers A and B did not have current CPR certificates on file.	Will take renewal Class	June 16/2024

NAME - Agency Worker  
Gloribel Tegen

Date Issued  
3/14/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Conny Janowski*

5/17/2024