



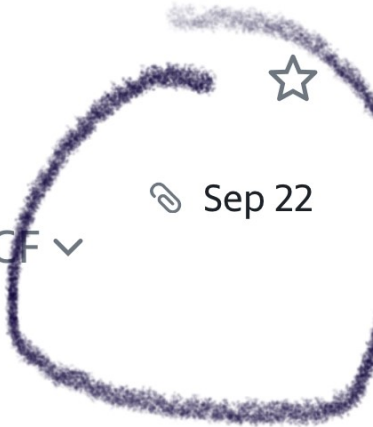
Re: Non compliance



Me

Sep 22

To: Tegen, Gloribel P - DGF



DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due: 6/11/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL: 622-785-7811

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline proposed plans of correction, if applicable, and (2)(x). 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 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, keep your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.687. 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 2
Provider Number / Facility ID Number: 1000568511 / 001 - 1007410

Address - Facility (Street, City, State, Zip Code): N72 W5897 Appletree Ln Cedarburg WI 530121403
Telephone Number: 262-375-9837
Date - Regulation Visit: 5/23/2024

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.08(2)(n)1 a Radon - Testing	Description: The provider did not have the Radon test results on file available for review.	Results sent on Aug 14, 2024	8/14/24	
2 250.06(4)(b) Fire Extinguisher	Description: The program failed to conduct the annual inspection of the fire extinguisher.	Bought new one can't be tested.	6/1/24	

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Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.09(3)(b) Infant & Toddler - Food & Formula Brought From Home	Description: There was a sippy cup that was not labeled with the child's name and date.	Labeled white licensors was here	5/23/24	

NAME: Agency Worker
Gloribel Tegen

Date Issued: 5/23/2024
Date Signed: _____

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Provider Number / Facility ID Number

1000568511 / 001 - 1007410

Name - Certified Operator / Licensed Center

Tlc 2

Telephone Number
262-375-9837

Date - Regulation Visit
5/23/2024

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Correction Plan

Expected
Completion Date

Verification
Date

Rule/Statute Number
Noncompliance Statement

3

250.09(3)(b)
Infant & Toddler - Food & Formula Brought From Home

Description: There was a sippy cup that was not labeled with the child's name and date.

Labeled while
Licensor was
here

5/23/24

NAME - Agency Worker
Gloribel Tegen

Date Issued
5/28/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Connee Falhorse

Date Signed

9/23/2024