

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

Date Correction Plan Due 8/8/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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		Provider Number / Facility ID Number	
Tic Childcare		1000572421 / 003 - 1012440	
Address - Facility (Street, City, State, Zip Code) 812 W Hills Ln Ellsworth WI 540114144		Telephone Number 715-497-6696	Date - Regulation Visit 4/4/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.04(6)(a)1. Child Record - Enrollment Information Description: Child # 1's record was missing the names of persons authorized to call for/receive the child; and the name, address, telephone number and relationship of an emergency contact person.	get authorization paper signed + will have on hand Student child is no longer in care	4.5.25
2	250.04(6)(a)1m. Child Record - Health History Description: Documentation of Child # 1 having a completed Health History and Emergency Care Plan form could not be located.	get health history see completed + will have on hand.	4.5.25

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Tlc Childcare		1000572421 / 003 - 1012440	
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812 W Hills Ln Ellsworth WI 540114144		715-497-6696	4/4/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child # 5 was missing documentation of having received a follow-up health examination at least once every 2 years. The most recent exam on file was dated 01/18/23.	Get health report.* Will have on hand.	4.22.25	
4 250.04(6)(a)5. Child Record - Consent For Emergency Medical Treatment Description: Child # 1's record was missing written consent from the child's parent for medical attention to be sought if the child is injured.	Get paperwork signed & will have on hand	4.5.25	
5 250.04(6)(b) Current, Accurate Daily Attendance Record Description: The attendance was not current and accurate when six children were in care and no one was signed in on the attendance record. The provider reported she had run out of attendance sheets.	Keep attendance forms up to date	4.5.25	

NAME - Agency Worker
April Callihan

Date Issued
7/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jimmy Gallings

Date Signed

7.30.25