

Date Correction Plan Due 5/12/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Teddie's Clubhouse Childcare		Provider Number / Facility ID Number 0000591390 / 001 - 2006566			
Address - Facility (Street, City, State, Zip Code) 2626 N 54Th St Milwaukee WI 532102327		Telephone Number 414-514-7161	Date - Regulation Visit 4/21/2026		
	Rule/Statute Number Noncompliance Statement	Correction Plan	<table border="1"> <tr> <th data-bbox="2119 1045 2408 1131">Expected Completion Date</th> <th data-bbox="2408 1045 2690 1131">Verification Date</th> </tr> </table>	Expected Completion Date	Verification Date
Expected Completion Date	Verification Date				
1	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #1 did not have an updated physical examination on file as required every two years for children over 2 but under 5 (last updated 2/2024). Child #2 and 5 did not have a physical examination on file for review during licensing visit.	<i>family was notified of new physical documentation</i>	04/30/24		
2	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Licensee does not have 15 hours of continuing education for prior year.	<i>start continuing education</i>	04/30/24		

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3	250.06(3)(b) Emergency Plans - Practice Description: Monthly fire evacuation practice was not documented for January-March 2026.	Start monthly fire evacuation practice	4/30/26	
4	250.06(4)(a)3. Smoke Detectors - Testing Description: Documentation of monthly smoke detector testing was not documented for January-March 2026.	Start monthly smoke detector testing	4/30/26	
5	250.06(9)(e) Leftover Food Description: A container of jello was observed in the refrigerator that was not labeled/dated as to when prepared. Repeat violation: Previously cited on 4/30/2025	Label all food in refrigerator	4/30/26	

NAME - Agency Worker

Laura Taylor, Joel Marquez

Date Issued

4/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

[Signature]

Date Signed

04/28/26

DCF-F-CFS0294-E (R.06/2011)