

Date Correction Plan Due 8/21/2025	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 Tot Spot Family Child Care		Provider Number / Facility ID Number 2000565712 / 001 - 231065		
Address - Facility (Street, City, State, Zip Code) 170 E Lisa Dr Oak Creek WI 53154		Telephone Number 414-762-5416	Date - Regulation Visit 8/7/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1.e. Child Record - Enrollment Information - Other Emergency Contact Description: Child #3 was missing documentation of an emergency contact person for the child when the parent cannot be reached.	Will give mom or Dad the paperwork to finish	8/20/25	
2	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child #7 did not have on file, documentation a follow-up health examination within 6 months of the previous exam in file.	Will give parents paperwork + let them know that child needs a physical	9/15/25	

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3	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child #7 did not have on file, documentation of a follow-up health examination within 2 years of the previous exam on file.	<i>will give parents paperwork + let them know that child needs a physical</i>	<i>9/15/25</i>	
4	250.06(3)(b) Emergency Plans - Practice Description: There was no documentation of fire and tornado practice being completed in July 2025.	<i>I need to remember to record our drills</i>	<i>8/14/25</i>	
5	250.06(4)(a)3. Smoke Detectors - Testing Description: There was no documentation of smoke detectors being tested in July 2025.	<i>Record all future drills + testing</i>	<i>8/14/25</i>	

NAME - Agency Worker Jennifer Brees	Date Issued 8/7/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Kathryn Krangan</i>	Date Signed <i>8/14/25</i>