

Date Correction Plan Due 5/27/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
--	--	---

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.

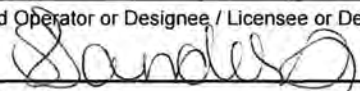
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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 The Nestling Place Childcare Ctr		Provider Number / Facility ID Number 9000557699 / 001 - 225181		
Address - Facility (Street, City, State, Zip Code) 4214 Sheridan Rd Racine WI 53403		Telephone Number 262-554-6515	Date - Regulation Visit 5/12/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff G did not have on file, documentation of a physical examination within 30 days of employment at the center. Repeat violation: Previously cited on 10/2/2025, 1/23/2025	Staff G has been notified & instructed to obtain & submit documentation of completed Physical examination. Will implement a new employee onboarding checklist to ensure all required documentation is complete	6/30/26	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A and G did not have on file documentation of completing training in infant and child CPR within 3 months of employment at the center.	A scheduled infant & child CPR training in process	June 20, 2026	

Name - Certified Operator / Licensed Center The Nestling Place Childcare Ctr		Provider Number / Facility ID Number 9000557699 / 001 - 225181	
Address - Facility (Street, City, State, Zip Code) 4214 Sheridan Rd Racine WI 53403		Telephone Number 262-554-6515	Date - Regulation Visit 5/12/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(3)(g)2. Assistant Child Care Teacher - Qualifications Description: Staff G did not complete required training within 6 months of employment at the center.	Staff has been instructed to complete all outstanding required trainings immediately Management will conduct monthly audits of staff files to monitor training completion timelines	5/30/26	
4 251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Documentation of changes in a child's development for children under age 2 were not made for all children. Repeat violation: Previously cited on 10/2/2025, 1/23/2025	Teaching staff have been informed of missing documentation requirements and update all developmental documentation for children under age 2 Will provide additional staff training regarding developmental documentation	Immediately 5/30/26	

NAME - Agency Worker
Jennifer Brees

Date Issued
5/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee


Date Signed
5/23/2026