

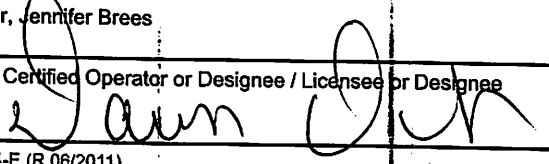
<b>Date Correction Plan Due</b> 6/5/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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**Use of Form:** This form is used by certification / licensing staff to identify statute and / or administrative 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.

<b>Name - Certified Operator / Licensed Center</b> Tlc School Age Program Gifford		<b>RECEIVED</b> STATE OF WISCONSIN  JUN 3 2025  SOUTHEASTERN REGIONAL OFFICE DCF DECE BECR		<b>Provider Number / Facility ID Number</b> 7000588987 / 002 - 2003059	
<b>Address - Facility (Street, City, State, Zip Code)</b> 8332 Northwestern Ave Racine WI 534061722		<b>Telephone Number</b> 262-995-3167		<b>Date - Regulation Visit</b> 5/21/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>	
1	251.04(6)(a)1. <b>Child Record - Enrollment Information</b>  Description: Documentation of complete contact information for a person authorized and an emergency contact was not observed for 2 children.  Repeat violation: Previously cited on 8/21/2023	A new emergency contact form will be given to the two children's parents to complete the missing information. They will have until the end of the week to return it.	5-30-25		
2	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Documentation of a physical was not observed for an employee.	The physical of this staff was in his file at another location. It was dated 2.29.24. I made a copy & put it in his file at Gifford.	5-28-25		

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3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training  Description: Documentation of a current child abuse and neglect training was not observed for 2 employees.  Repeat violation: Previously cited on 2/29/2024, 8/21/2023	I will provide the staff the link to the training at our June staff meeting. All staff will have two weeks to complete the training.	6-13-25
			Verification Date

NAME - Agency Worker Colleen Hanser, Jennifer Brees	Date Issued 5/22/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 5/27/25