Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
3/17/2026		608-422-6765

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
Tsl Roots Early Learning Center	2000593272 / 001 - 2008308

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
801 S 5Th St Watertown WI 530944614	920-261-3615	2/24/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Child 3 does not have documentation indicating the child's immunization history.	Files will be reviewed to ensure proper paperwork is up-to-date.	4/1/26	
2	251.04(6)(a)8.d. **Child Record - Health Exam Report** Description: Child 1 does not have a health examination report.	Files will be reviewed for up-to-date paperwork. System for reviewing paperwork will be put in place.	4/1/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.07(2)(e) **Child Guidance - Prohibited Actions** Description: Actions may have been psychologically and emotionally painful and potentially injurious when staff reported that they "may have placed a child down more firmly than necessary". Additionally, staff picked a toddler up by one arm and proceeded to bring the toddler level to their face and told the crying toddler in a firm and loud voice "that's enough."	Entire staff will have training regarding proper child guidance and safe ways to move children. Staff will also review DCF 251.07(2)(e).	5/1/26	
4	251.09(1)(c) **Infant & Toddler - Documenting Changes In Development** Description: Child care workers did not document changes in a child's development and routine every three months when Child 1's changes in development were last updated on 11/10/2025, Child 2's were last updated on 11/07/2025, and Child 3's were last updated on 09/04/2025.	A schedule will be made to regularly check intake forms and post to remind teachers.	4/1/26	
5	251.09(3)(a)2m. **Infant & Toddler - Correct Food, Breastmilk, Or Formula** Description: Staff fed an infant the incorrect break milk when they grabbed the wrong bottle out of the refrigerator and fed the bottle of breast milk to the wrong infant. Additionally, the bottle was labeled and dated but was fed to the wrong infant.	Staff will review procedures for ensuring children are given correct bottles. Staff will tell coteacher which baby is being fed and show bottle for confirmation.	5/1/26	

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NAME - Agency Worker
Kimberly Liebhart

Date Issued
3/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Rebecca Waglen

Date Signed
3/4/26