Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/28/2026		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	7/13/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(a) **Report - Incident Or Accident** Description: The program did not provide notification to the department when a child was injured and sought care from a dentist.	While center was aware of a dental appointment in this situation it was not clear that it was related to an incident at school. In the future, teachers will attempt to clarify the purpose for the appointment. Parents will be reminded that any medical attention received after an injury at the center should be reported to the director.	10/1/2026	
2	251.04(4)(a)2.c. **Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication** Description: The parent was not notified of an injury to the head that resulted in significant injury to the child's mouth that resulted in a dental evaluation. They were not provided details of the incident.	Center staff will review protocols for children who are injured while in care. If two teachers are present during an injury, the child's primary teacher will be responsible for completing a report for the parents. If that teacher does not have parental contact at the end of the day, they will designate another teacher to inform the parent and will share with the director who was designated.	10/1/2026	

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3	251.07(6)(dm)3.b. **Medical Log - Injury In Care** Description: An injury received in care on 4/21/2026 was not recorded in the medical log book on that date.	The child's primary teacher will enter any injuries into the procare app within 1 hour of the injury and into the medical log book before leaving the classroom for the day.	10/1/2026	

NAME - Agency Worker
Sarah Stormont

Date Issued
9/14/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Rebecca L Wagner

Date Signed
9/16/2026