

FAXED 3/21/25 (BO)

Date Correction Plan Due 3/26/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Superior Children's Center		Provider Number / Facility ID Number 9000578409 / 003 - 1014318											
Address - Facility (Street, City, State, Zip Code) 2416 Hill Ave Superior WI 54880		Telephone Number 715-395-1933	Date - Regulation Visit 3/11/2025										
		<table border="1"> <thead> <tr> <th data-bbox="109 797 170 822">1</th> <th data-bbox="170 797 961 822">Rule/Statute Number Noncompliance Statement</th> <th data-bbox="961 797 1480 822">Correction Plan</th> <th data-bbox="1480 797 1717 822">Expected Completion Date</th> <th data-bbox="1717 797 1913 822">Verification Date</th> </tr> </thead> <tbody> <tr> <td></td> <td data-bbox="170 822 961 1087"> 251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: Individual 003 Repeat violation: Previously cited on 2/21/2025 </td> <td data-bbox="961 822 1480 1087"> Fingerprints to be completed by 3/26/2025 <i>Employee 003 has not worked at the center since 11-23-21.</i> <i>Employee 003 was removed from the portal on 3-19-25.</i> </td> <td data-bbox="1480 822 1717 1087" style="text-align: center; vertical-align: top;"> <i>3-19-25</i> </td> <td data-bbox="1717 822 1913 1087"></td> </tr> </tbody> </table>	1	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date		251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: Individual 003 Repeat violation: Previously cited on 2/21/2025	Fingerprints to be completed by 3/26/2025 <i>Employee 003 has not worked at the center since 11-23-21.</i> <i>Employee 003 was removed from the portal on 3-19-25.</i>	<i>3-19-25</i>		
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NAME - Agency Worker Kimberly Pahlow-Anderson	Date Issued 3/12/2025
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SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Mi Luome</i>	Date Signed <i>3-20-25</i>
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