

Date Correction Plan Due 10/3/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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		Provider Number / Facility ID Number		
Inspire Early Childhood Llc		2000 89642 / 001 - 2004269		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
5821 Oncken Rd Waukegan WI 535979430		608-733-1670	7/2/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Staff attendance records for the Brazil classroom were inaccurate on April 23 when Staff A, who was included in meeting staff-to-child ratio requirements, reportedly left their assigned classroom for about 20 minutes but did not sign out or back in to the classroom for this break period. Additionally, on April 25, Staff A reportedly worked in the Brazil classroom but was not signed in or out on the attendance record.	For our <u>Classroom Weekly Staff Sign-in & Sign-out Log Sheet</u> we have revised the form to include an additional daily section for the classroom educators to sign that they have reviewed the form to verify that everyone working in their classroom has signed in and out that day. All staff will be trained on this new form at our October 14, 2025, staff meeting and implemented at that time. See attached revised form	10/20/2025	

NAME - Agency Worker
Cierrena Schoville, Amy Anderson

Elsie Hansen, Director

Date Issued
9/19/2025

10/03/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed