

Date Correction Plan Due
4/15/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN**

TO FILE A COMPLAINT CALL
715-930-1148

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)(f) 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

Superior Children's Learning Center

2000589912 / 001 - 2004801

Address - Facility (Street, City, State, Zip Code)
1400 N Superior Ave Tomah WI 546601132

Telephone Number
608-567-2008

Date - Regulation Visit
4/9/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(3)(f) Report - Plan Of Correction</p> <p>Description: Contrary to DCF 251.04(3)(f), the Licensee failed to return a plan of correction for the non-compliance statement issued from the 12/14/23 monitoring visit.</p> <p>Rule requires the Licensee to return a plan of correction for cited violations by the date the department specifies.</p>	<p>I have added work hours for myself after hours for the office duties to be taken care of that need more time than my lunch break and weekend time</p>	<p>4/15/24</p>	

NAME - Agency Worker
Jennifer Stubbe

Date Issued
4/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

4/15/24