

DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education STATE OF WISCONSIN

Date Correction Plan Due 10/15/2021

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)(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.

Notice of the sanction and / or penalty and your appeal rights. Name - Certified Operator / Licensed Center Superior Children's Learning Center Address - Facility (Street, City, State, Zip Code) Telephone Number			Provider Number / Facility ID Number 2000589912 / 001 - 2004801 Date - Regulation Visit	
1400 N Superior Ave Tomah WI 546601132		608-567-2008	10/7/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(f) Report - Plan Of Correction Description: Contrary to DCF 251.04(3)(f), the Licensee has failed to return plans of correction for the non-compliance statements issued from the 4/15/21 complaint investigation visit and 6/23/21 monitoring visit.	Submit all 3 plans of correction by October 15, 2021. Nove Everything Submitted	10/13/21	
	Rule requires the Licensee to return a plan of correction for cited violations by the date the department specifies. Repeat violation: Previously cited on 6/23/2021	I have started giving other duties to state things off		

NAME - Certification Worker / Licensing Specialist Jennifer Stubbe	Date Issued 10/7/2021	
SIGNATURE - Certified Operator or Designee / Licensee or Designee	10/13/21	
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