DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/30/2026		715-361-7700

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
Safe Haven Christian Academy		1000594261 / 001 - 2009142
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
9241 Cth J Minocqua WI 545489321	715-358-5437	9/8/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Per review of staff sign-in and out sheets, multiple staff members are not signing in and/or out of all open classrooms at the center when needed in ratio. This occurred on multiple dates throughout the month of August.	Staff reviewed on importance of signing in and out. Director check clipboards upon attendance checks each morning	10.20.26	
2	251.055(1)(b) **Supervision - Teacher Per Group Of Children** Description: Per interview, a staff member who is not lead teacher qualified is stepping into a classroom to provide sole supervision while a teacher takes bathroom breaks and grabs needed items from other classrooms.	Staff B will no longer provide short breaks to teachers.	10.20.26	

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3 251.055(2)(b) **Staff-To-Child Ratios - Minimum** Description: Per review of classroom attendance and staff sign-in and out sheets, the infant room was not in compliance with the staff-to-child ratio on 08/19/2026.	Everyday, attendance checks will be done by 9AM by the director & will confirm each student is in their correct rooms.	10.20.26	
4 251.055(2)(c) **Mixed-Age Group - Staff-To-Child Ratio** Description: Per review of classroom attendance and staff sign-in and out sheets, multiple classrooms were not in compliance when using the mixed-age ratio on 08/21/2026, 09/01/2026, and 09/04/2026.	Director will check ratios for each room during their attendance checks each morning. Staff reviews of proper ratios.	10.20.26	
5 251.055(2)(d) **Mixed Age Group With Children Under Age 2 - Group Size** Description: Per review of classroom attendance sheet, the three's classroom had more than eight children in care with infants and toddlers part of the mixed-age group on 08/21/2026.	Director will check ratios for each room during their attendance checks each morning. Staff reeducated on proper ratios.	10.20.26	

NAME - Agency Worker
Brooke Lampe, Bonnie Davis

Date Issued
10/18/2026

Rachael Kirby

SIGNATURE - Certified Operator or Designee / Licensee or Designee

10.16.26
Date Signed