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
10/1/2025		

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	
Ready For Your Adventure Nurturing Family Cc		5000591315 / 001	
Address - Facility (Street, City, State, Zip Code) 8137 W Scranton Pl Milwaukee WI 53218	**Telephone Number** 414-368-7060	**Date - Regulation Visit** 9/17/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(1m)(e) **If Requested By The Certification Agency, An Operator Shall Submit A Plan Of Correction For Cited Violations Of This Chapter, Ch. DCF 13, Or S. 48.686, Stats., To The Certification Agency By The Date The Agency Specifies. The Operator Shall Submit A Revised Plan Of Correction To The Agency If The Initial Plan Is Not Accepted By The Agency.** Description: A request was sent on 9/10/2025 for revision that was needed on the correction plan. A follow up email was sent on 9/15/2025 requesting that the correction plan be revised and be submitted by Tuesday, 9/15/2025. As of Wednesday, 9/17/2025, the operator failed to submit a revised correction plan to the certification agency.	I will make sure I submit Paperwork on time	9/17/2025	

NAME - Agency Worker
Lou Thao

Date Issued
9/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Lottie Bass

Date Signed
10-01-2025