Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
12/11/2023	PLAN	920-785-7811

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.

Nan	ne - Certified Operator / Licensed Center	Provider Number / Facility ID Number 6000585236 / 001 - 1014708			
Chil	dren Of America Appleton				
Address - Facility (Street, City, State, Zip Code) W3117 Springfield Dr Appleton WI 549156183		Telephone Number 920-380-0554	Date - Regulation Visit 9/21/2023		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.055(2)(a) Group Size - Maximum Description: Infants and toddlers maximum group size of 8 was exceeded on 9-19-23 from 2:55-3:49 when 9 children were in care.	moved Schedules to moved Schedules to accomplate	Munediate.		
2	251.055(2)(b) Staff-To-Child Ratios - Minimum Description: Infant and toddler minimum staff-to-child ratio of 1:4 was exceeded on 9-19-23 from 2:55-3:49 when 9 children were in care with 2 child care workers.				

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number			
Chi	ldren Of America Appleton	6000585236 / 001 - 1014708			
Address - Facility (Street, City, State, Zip Code) W3117 Springfield Dr Appleton WI 549156183		Telephone Number 920-380-0554	Date - Regulation Visit 9/21/2023		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3	251.055(2)(c) Mixed-Age Group - Staff-To-Child Ratio Description: Staff-to-child ratios failed to be maintained this day. Opening room @ 8:10 after Pre-K and PreK A went to their rooms there were 14 children with a weight of 1.91 with 1 staff member. 2 staff are required at a ratio of 1.05. This same day PreK A had 25 children from 11:45-12:15 with a weight of 2.25 with 2 staff members. 3 staff are required at a ratio of 2.05.	rombo Tod Shedral Carral	mingrow		
4	251.055(2)(e) Mixed Age Group Of Children Over Age 2 - Group Size Description: A mixed age group exceeded the group size allowed. This same day PreK A had 25 children from 11:45-12:15 with a weight of 2.25 with 2 staff members. 3 staff are required at a ratio of 2.05 and a additional group must be made.	Classer of Classer of Classer of Casser Sall	morediate		

NAME - Agency Worker Ruth Sprangers

Date Issued 11/13/2023

SIGNATURE Certified Operator of Designee / Licensee or Designee

Date Signed

DCF-F-CFS0294-E (R.06/2011)