DEPARTMENT OF CHILDREN AND FAMILIESDivision of Early Care and Education

RECEIVEL

APR 1 4 2022 STATE OF WISCONSIN

Date Correction Plan Due 4/19/2022

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Doz.

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.

	ne - Certified Operator / Licensed Center wborn 2 School Education Inc	ler Number / Facility ID Number 579790 / 002 - 2001394		
	dress - Facility (Street, City, State, Zip Code) 19 Hill Ave B Superior WI 548801951	Telephone Number 715-392-2499	Date - Regulation Visit 4/4/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center. Child #1 has been in care for more than 3 months and did not have a child health report on file.	parents were given another to fill out	44-2	
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: An inspection of a medical log book revealed the log hasn't been reviewed every 6 months as required by rule	1 log book was not updated dus to room cavid during cavid to reviewed been reviewed	44-22	

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number 0000579790 / 002 - 2001394			
Newborn 2 School Education Inc				
Address - Facility (Street, City, State, Zip Code) 1419 Hill Ave B Superior WI 548801951	Telephone Number 715-392-2499	Date - Regulation Visit 4/4/2022		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
	1			
	1			
(
1				
{				
	(
	1			
NAME - Certification Worker / Licensing Specialist Emily Johnson	Date Issued 4/5/2022			
SIGNATURE Certified Operator or Designee / Licensee or Designee		Date Signed		
DCF-F-CFS0294-E (R. 6/2011)	*		Page 3 of	