DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

RECEIVED

STATE OF WISCONSIN

Date Correction Plan Due 10/21/2022

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN State

CT 2 4 2022

TO FILE A COMPLAINT CALL

715-930-1148

State of Wisconsin

Dept. of Children and Families

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	rovider Number / Facility ID Number  000579790 / 002 - 2001394  Date - Regulation Visit  9/7/2022		
Nev	born 2 School Education Inc			
Address - Facility (Street, City, State, Zip Code) 1419 Hill Ave B Superior WI 548801951				Telephone Number 715-392-2499
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	251.055(2)(c) Mixed-Age Group - Staff-To-Child Ratio	Immediately, ensure that staff-to-child ratios are maintained in accordance with Table DCF 251.055.		
	Description: Contrary to DCF 251.055(2)(c) Staff-to-child ratios were not adjusted on a pro rata basis in accordance with the ages of the		9-14-22	
	children in a mixed-age group on 09.07.22. Based on the number and ages of children assigned to the Silver Room, the children should have been divided into two groups with three assigned child care workers.			
	Repeat violation: Previously cited on 5/24/2022			

NAME - Agency Worker Emily Johnson	Date Issued 10/7/2022
SIGNATURE - Agency Worker	Date Signed
DCF-F-CFS0294F (R.06/2011)	Page 1 of 1

