Date Correction Plan Due

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 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 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center		Prov	Provider Number / Facility ID Number	
			0580590 / 014 - 1010026	
Address - Facility (Street, City, State, Zip Code) 1553 Arcadian Ln De Pere WI 54115		Telephone Number 920-983-6430	Date - Regulation Visit 11/9/2020	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(2)(b) Staff-To-Child Ratios - Minimum	Staff times have been adjusted to meet tlacher:	1115/21	Date
	Description: On 9-30-2020, the infant room failed to maintain a 4:1 ratio. The classroom had 5 children with one staff member for approximately 3 hours.	child Ratio.		
	Repeat violation: Previously cited on 5/30/2019			

NAME - Certification Worker / Licensing Specialist Gina Linssen	Date Issued 1/15/2021
SIGNATURE - Certified Operator of Designee / Licensee or Designee	Date Signed