

Correction Plan Due
6/19/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

STATE OF WISCONSIN

TO FILE A COMPLAINT CALL
262-446-7800

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

Education 2 Success

Provider Number / Facility ID Number

6000591196 / 001 - 2006365

Address - Facility (Street, City, State, Zip Code)

6421 N 106Th St Milwaukee WI 532245108

Telephone Number

414-349-6594

Date - Regulation Visit

5/28/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	
			Expected Completion Date	Verification Date
1	<p>250.04(1)(a) Licensed Capacity</p> <p>Description: Information provided from an audit by BCCSA concluded Licensee cared for more than the licensed capacity of 8 children. On 6/5/23; 6/6/23 and 6/12/23 12 children were in care; 6/24/23 and 6/15/23 10 children were in care; 6/21/23 9 children were in care; 6/22/23 and 6/26/23 10 children were in care; 6/27/23 11 children were in care; 7/6/23 and 7/1/23 10 children were in care; 7/10/23 and 8/22/23 9 children were in care.</p>	<p>Pay more attention to scheduling</p>	6/7/24	
2	<p>250.04(2)(b) Compliance With Rules</p> <p>Description: Licensee did not provide a parent signed agreement for payment per DCF 201. for 9/2023.</p>	<p>forms are completed for pay agreement</p>	6/7/24	

Name - Certified Operator / Licensed Center Education 2 Success		Provider Number / Facility ID Number 6000591196 / 001 - 2006365	
Address - Facility (Street, City, State, Zip Code) 6421 N 106Th St Milwaukee WI 532245108		Telephone Number 414-349-6594	Date - Regulation Visit 5/28/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 250.04(2)(c) Current, Accurate Information Description: Licensee provided false information on child care counts application for 9/2023.	Watch Scheduling	6/7/24	
4 250.04(6)(b) Current, Accurate Daily Attendance Record Description: Review of audit documents from BCCSA provided information confirming licensee was not recording actual times of arrival and or departure of children. Attendance records showed on 6/22/23 departure time missing for 3 children; 8/16/23 and 8/17/23 arrival and departure times listed on attendance were inconsistent with actual times children arrived and departed the center. On 6/23/23 seven children were not signed out on the attendance and on 6/27/23 seven children were in care but were not signed in on attendance. On 9/13/23 three children present but not signed in on attendance. Repeat violation: Previously cited on 6/27/2023	Payment plan for overpayment however again Watch Scheduling	6/7/24	

NAME - Agency Worker
Charlene Langsdorf

Date Issued
6/6/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

[Handwritten Signature]

6/7/24