

Date Correction Plan Due 4/1/2026	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 256.04(2)(l) 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 acts 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 Adventures Child Care Sa Program		Provider Number / Facility ID Number 2000559992 / 002 - 1015614		
Address - Facility (Street, City, State, Zip Code) N3569 County Road E Freedom WI 549139:53		Telephone Number 920-788-6608	Date - Regulation Visit 2/23/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: On 2/23/26, upon review of staff member A's file the CPR on file expired 3/2024.	Staff A will be getting CPR done 4/13/26 They are also retiring last day will be May 22, 2026.	4/13/26	
2	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: On 2/23/26, there were two medications that had no dates listed on the authorization.	Parent updated meds & form. Other form we switched to weekly.	3/2/26 + 2/24/26	

NAME - Agency Worker
Jessica Farah

Date Issued
3/18/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

DCF-F-CFS0294-E (R.04/2011)

3/30/2026

#370 P.001/001

03/30/2026 09:33

From: