

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
11/4/2025

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 Play To Learn 2 Child Development Center		Provider Number / Facility ID Number 6000588326 / 001 - 2001898	
Address - Facility (Street, City, State, Zip Code) 2506 50Th St Kenosha WI 531405809		Telephone Number 262-605-9205	Date - Regulation Visit 10/21/2025
Rule/Statute Number 251.07(6)(dm)3.b.	Noncompliance Statement Medical Log - Injury In Care Description: Documentation of the time an injury occurred at the center was not observed for several entries in the medical log.	Correction Plan Staff have been reminded to record the exact time of each observation of injury in the medical log book.	Expected Completion Date 10/22/2025
		Verification Date	

NAME - Agency Worker
Colleen Hanser

Date Issued
10/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

10/23/2025