

Date Correction Plan Due  
2/15/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
608-422-6765

**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

Provider Number / Facility ID Number

Pleasantime Child Care Center

9000557469 / 001 - 120572

Address - Facility (Street, City, State, Zip Code)  
725 W Water St Cambridge WI 53523

Telephone Number  
608-423-9655

Date - Regulation Visit  
1/31/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b>  Description: A medication was stored at the center without a current parent authorization form.	When signed authorization form is filed in office the medication container shall be verified & medication sent home. Follow up with classroom teacher medication sent home on 1-31-2024.	1-31-2024	

NAME - Agency Worker  
Michelle Garcia

Date Issued  
2/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed