

Date Correction Plan Due  
7/29/2024

**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 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 Davis Child Care Center		Provider Number / Facility ID Number 0000559770 / 003 - 420377	
Address - Facility (Street, City, State, Zip Code) 1260 N Westfield St Oshkosh WI 54902		Telephone Number 920-233-2330	Date - Regulation Visit 7/15/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: One staff member did not have her physical on file within 30 days of employment - see checklist.	Employee had physical scheduled for 7/17/24.  Physical now complete.	7/17/24	
2 251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: One staff member did not have her COR training in her file after 3 months of employment - see checklist.  Repeat violation: Previously cited on 2/13/2024	Employee is on leave of absence; will complete upon return.	08/16/2024	

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	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
3	251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b>  Description: 4 medical logbooks were not reviewed once every 6 months. They were last reviewed on 10/24/23.  Corrected during visit	Medical Logbooks were reviewed during visit. Medical Logbooks will be reviewed every 6 months.	7/15/2024

**NAME - Agency Worker**  
Jill Kellner

**Date Issued**  
7/15/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**



**Date Signed**  
07/19/2024