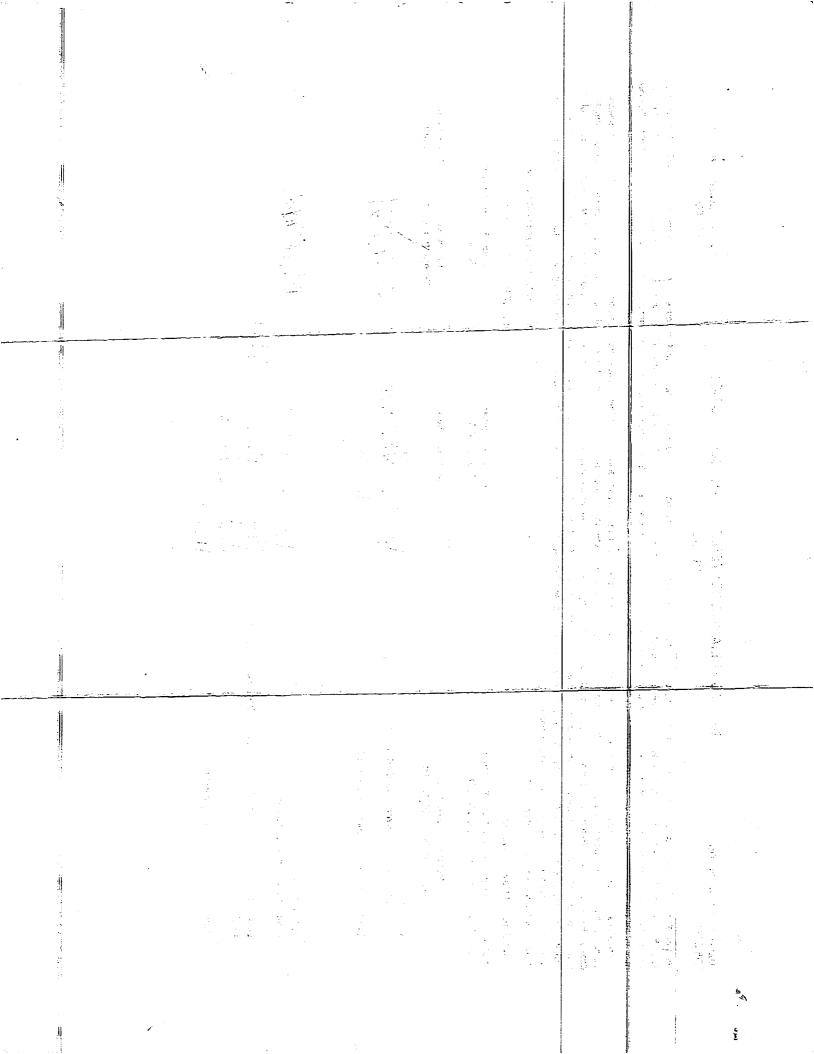
Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
7/5/2021	PLAN	262-446-7800

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.

	of the sanction and / or penalty and your appeal rights.				
Name - Certified Operator / Licensed Center Adventureland Daycare Center Address - Facility (Street, City, State, Zip Code) 1700 Grand Ave Racine WI 534032667		Provider Number / Facility ID Number 4000574854 / 005 - 1013625			
		Telephone Number 262-583-1336	Date - Regulation Visit 6/18/2021		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: CPR certificate expired 5/21	Providers shall receive a CPR-training	8/7/2001		
2	250.06(3)(b) Emergency Plans - Practice Description: Documentation of emergency practices was not obser for 2021. Repeat violation: Previously cited on 7/24/2019	Documented emergency Plan has been completed, and shall be documented morthly	06/18/20/2		



Name - Certified Operator / Licensed Center		Provid	Provider Number / Facility ID Number		
Adv	rentureland Daycare Center	40005	574854 / 005 - 1013625		
Address - Facility (Street, City, State, Zip Code) 1700 Grand Ave Racine WI 534032667		Telephone Number 262-583-1336	Date - Regulation Visit 6/18/2021		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3	250.06(4)(a) Smoke Detectors Description: Documentation of tested smoke detectors was not observed for 2021. *Tested and working at the time of the visit. Repeat violation: Previously cited on 7/24/2019	Smokedetectors are tested monthly /batteries are installed/ Shall be done each month	66/18/2021) 06/18/2021		
4	250.06(9)(j) Meals & Snacks - Records Description: Documentation of meals and snacks was not completed for 6/14-6/17	Meals and snacks are given Joily Documentation shall be done each time a mealis given	06/1 8 /IQ		
5	250.07(6)(f)1.a. Medication Administration - Parent Authorization Description: An authorization is not observed for an inhaler	Authorization to administer Medication has been updated and placed in childs records	06/18/2021		

NAME - Certification Worker / Licensing Specialist	Date Issued		
Colleen Hanser	6/21/2021		
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed		
7 Stage Local Control of the Stage Control of the S	7/10/201		
DCF-F-CF60294-E (K.06/2011)	Page 3 of 3		

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