

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 4/23/2019	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 K's Play Days		Provider Number / Facility ID Number 6000585746 / 001 - 1015380		
Address - Facility (Street, City, State, Zip Code) 1300 Midway Rd Menasha WI 54952		Telephone Number 920-722-7102	Date - Regulation Visit 3/26/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(1)(c) Cardiopulmonary Resuscitation Training Description: Per review of staff files, Staff E did not have a current CPR certificate on file.	Staff E is registered for the next available course.	4/16/19	
2	251.05(1)(L)1. Staff Health Examination - Requirements Description: Per review of staff files, Staff B and Staff D did not have a physical examination report on file.	Staff B & D have scheduled a physical	6/1/19	

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3	251.05(2)(d) Food Service Personnel - Orientation, Training Description: Per review of staff files, Staff B, who is a part-time cook, did not have any food service training.	Staff B will order the food service training.	6/1/19	
4	251.06(5)(g) Pest Control Description: Licensing Specialist observed multiple fruit flies in the kitchen near bananas.	Ply strips have been placed in kitchen to get rid of flies	5/1/19	
5	251.06(9)(d)1.d. Food Storage - Covering Refrigerated Food Description: Licensing Specialist observed pineapple in an uncovered butter container in the refrigerator.	All foods will be stored with a cover/lid.	4/11/19	
6	251.06(9)(g)1.b. Food Service Staff - Clothing, Hair Restraints Description: Based on observation and staff interview, kitchen staff are not using hair nets or caps when preparing food.	Hair nets have been purchased	6/1/19	

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NAME - Certification Worker / Licensing Specialist
Erin Taylor

Date Issued
4/9/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
4/17/19