

Date Correction Plan Due 11/22/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 11/6/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: Based on record review on 11/6/24 according to the Child Record Checklist Child 5 failed to have immunization history on file.	Parent was notified and files will be checked monthly to ensure all paperwork is complete.	Jan 1 2025	
2	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Based on record review on 11/6/24 according to the Staff Record Checklist Staff Member B and C failed to have a Health Report on file.	Staff scheduled their physical. Files will be checked monthly to make sure files are complete.	Jan 1 2025	

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3	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Based on record review on 11/6/24 according to the Staff Record Checklist Staff Member C failed to have CPR on file.  Repeat violation: Previously cited on 3/7/2024	Staff member has scheduled CPR training. Files will be checked monthly.	Feb 3rd 2025	
4	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Based on record review on 11/6/24 according to the Staff Record Checklist Staff Member C failed to have Biennial Child Abuse and Neglect on file.  Repeat violation: Previously cited on 3/7/2024	Staff member will take Child Abuse & Neglect training. Files will be checked monthly.	Dec 2nd 2024	

NAME - Agency Worker  
Cassandra Debauche

Date Issued  
11/8/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*[Handwritten Signature]*

11/22/24