

Date Correction Plan Due 3/12/2026	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 7/11/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Based on record review on 7/10/26 according to the Staff Record Checklist Staff Member failed to have a physical on file. Repeat violation: Previously cited on 4/28/2025, 11/6/2024	All staff members have current physicals on file. Files will be checked monthly to keep them up to date.	6/1/26	
2	251.05(2)(a)7. Staff Record - Continuing Education Description: Based on record review on 7/10/26 according to the Staff Record Checklist Staff Member A failed to meet the continuing education requirements for 2024. Staff Member A had 7 hours of continuing education versus the 15 required hours. Repeat violation: Previously cited on 4/28/2025	Staff members are given opportunities to take courses. Each month, staff will be notified how many hours they need.	6/1/26	

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Noncompliance Statement			

NAME - Agency Worker
Cassandra Debauche

Date Issued
2/26/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Cassandra McCumbon

Date Signed
5/19/26