

<b>Date Correction Plan Due</b> 9/16/2025	<h2 style="margin: 0;">NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</h2>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Discovery Playschool Inc		0000577790 / 001 - 120410		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
1400 W Seminary St Richland Center WI 53581		608-647-8931	8/22/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)1. <b>Staff Record - Personal Information</b>  Description: Staff A and Staff B did not have a staff record with the required personal information on file.	Print def forms to be completed by staff, add to staff file	Oct 15 2025	
2	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff A and Staff B did not have a staff health report on file within 30 days of hire as required.	Staff A - put form in file  Staff B - print form, have completed then file in staff file	Oct 15 2025	

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	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
3	251.05(2)(a)8. <b>Staff Record - Orientation</b>  Description: Staff A and Staff B did not have documentation of a completed orientation on file within 1 week of hire as required.	Print def form go over with staff and file	Oct 15 2025	
4	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff A and Staff B did not have a current certificate of CPR on file within 90 days of hire as required.	Staff A - put certificate in file  Staff B - recertify then file certificate	Oct 15 2025  Nov 15 2025	
5	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff A and Staff B did not have documentation of current training in child abuse and neglect on file within 1 week of hire as required.	Staff A - certificate to file  Staff B - rewatch videos & file completion	Oct 15 2025	

**NAME - Agency Worker**  
Casey Allison

**Date Issued**  
8/26/2025

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

*Jana S Weigel*

**Date Signed**

9-4-2025