

Date Correction Plan Due
9/6/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

SEP 12 2024

TO FILE A COMPLAINT CALL

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

Alicia's Playhouse

Provider Number / Facility ID Number

5000591255 / 001

Address - Facility (Street, City, State, Zip Code)
2210 Cumberland Dr Green Bay WI 543116374

Telephone Number
920-515-1935

Date - Regulation Visit
8/22/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 202.08(2)(c) The Indoor And Outdoor Areas Of The Home Shall Be Free Of Hazards. Potentially Dangerous Items And Materials Harmful To Children, Including Power Tools, Flammable Or Combustible Materials, Insecticides, Matches, Drugs And Any Articles Labeled Hazardous To Children Shall Be In Properly Marked Containers And Stored In Areas Inaccessible To Children. Description: Outlet covers were removed from the napping room and need to be re-installed.</p>	<p>Put ones in the bedroom they are missing from.</p>	<p>Completed</p>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(4)(a) Health Form: A Certified Child Care Operator Shall Have A Current Report Of A Physical Examination On File For Each Child, Including The Operator's Own Children, Who Are Not Enrolled In A Public Or Private School.	<i>get the papers in order.</i>	<i>Completed</i>	
3 202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter.	<i>get the papers</i>	<i>Completed</i>	
4 202.08(9)(b) Before Transporting A Child, An Operator Shall Obtain Signed Permission From The Parent For Transportation And Emergency Information For Each Child.	<i>get papers filled out</i>	<i>Completed</i>	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
5 202.08(9)(b)1.-5. A Transportation Permission Form Shall Include All Of The Following Information: 1. The Purpose Of The Transportation And The Parent Or Guardian's Permission To Transport The Child For That Purpose. 2. The Length Of Time The Child Will Transported. 3. An Address And Telephone Number Where A Parent Or Other Adult Can Be Reached In An Emergency. 4. The Name, Address, And Telephone Number Of The Child's Health Care Provider. 5. Written Consent From The Child's Parent For Emergency Medical Treatment. Description: Two children need the transportation permission form completed and signed.	get papers filled out	completed	

SEP 12 2024

NAME - Agency Worker
 Patti Barry

Date Issued
 8/27/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Patti Barry

Date Signed
 8/30/2024