

SEP 09 2025

Date Correction Plan Due
8/23/2025

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

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)(f) 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
8/13/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(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. Description: One child did not have a Health report form completed and in their file	get the paper work.	it is done.	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 202.08(4)(a)2. For A Child 2 Years Of Age Or Older, A Report Of A Physical Examination Conducted Not More Than 2 Years Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 2 Years Thereafter Description: A child did not have a current health report form completed and in their file	get the papers	it is done	
3 202.08(4)(e) The Certified Child Care Operator Shall Have On File For Each Child In Care A Record Of The Child's Immunization History To Document Compliance With S. 252.04, Stats., And Ch. Dhs 144. Description: One child did not have an immunization record in their file	get the papers.	it is done	

NAME - Agency Worker
Patti Barry

Date Issued
8/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Alicia Barry

Date Signed
8/12/2025