

Date Correction Plan Due 5/4/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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.


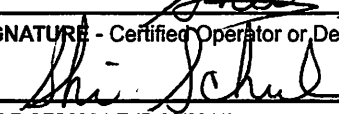
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Sherri's Stay-N-Play		6000556186 / 001 - 1001525	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
3314 Lasalle St Eau Claire WI 54703		715-834-8743	4/18/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.05(2)(a) Staff File - Staff Record Form Description: During a staff record review, it was found the provider did not have a staff record form on file. Repeat violation: Previously cited on 10/31/2023, 8/2/2023	The Staff Record Form has been on file since 11-2-2023 the Date Heather signed it.	Done
2	250.05(2)(d)1. Staff File - Physical Examination - Form Description: During a staff file review, it was found the provider didn't have a health report on file. Repeat violation: Previously cited on 10/31/2023, 8/2/2023	thought I had one on file. As soon as I can get an appointment I will get one on file	I will call this month (May)

Received
State of Wisconsin

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Name - Certified Operator / Licensed Center Sherris Stay-N-Play		Provider Number / Facility ID Number 6000556186 / 001 - 1001525		
Address - Facility (Street, City, State, Zip Code) 3314 Lasalle St Eau Claire WI 54703		Telephone Number 715-834-8743	Date - Regulation Visit 4/18/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: The provider didn't have documentation showing she's up to date on Child Abuse and Neglect training, which is required every two years.	Didn't know that I could no longer read the pamphlet. I will do the online training. Before May 25 2024.	As soon as I'm sent the online training	

NAME - Agency Worker Heather Ruf		Date Issued 4/19/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee		Date Signed May 16, 2024