

Date Correction Plan Due 3/16/2026	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 Sherri's Stay-N-Play		Provider Number / Facility ID Number 6000556186 / 001 - 1001525		
Address - Facility (Street, City, State, Zip Code) 3314 La Salle St Eau Claire WI 547031384		Telephone Number 715-834-8743	Date - Regulation Visit 3/9/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(3)(d) Report - Plan Of Correction Description: A non-compliance statement was issued to the provider during a site visit on 11/6/25. A correction plan was due on 11/22/25 for violations found during that visit. On 2/9/26, the licensing specialist emailed the provider to remind her to return a correction plan. As of 3/9/26, the provider has still not done so. Repeat violation: Previously cited on 12/10/2024	I Did mail out my 1st Correction Plan about 2 weeks after I received them. I mailed out a 2ed one after I received a call from my licenser stating she has not received it. I was informed by my Food Program lady that the		

Received
State of Wisconsin

MAR 24 2026
DCF DECE BECR
WRO

Address at the top of my licensing renewal paper was the wrong. I feel this is why the forms were never received.

NAME - Agency Worker
Heather Ruf

Date Issued
3/9/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Heather Ruf

March 17, 2026