

Date Correction Plan Due 11/22/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
---	--	---

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 11/6/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4. Child Record - Physical Exam Description: During a children's record review it was noted that two children were missing required health exams from their file.	I talked to the Parent & she made an appointment to get her son in as soon as she could.	Done	
2	250.05(2)(c) Staff File - Days, Hours Worked Description: A review of the attendance log showed the provider didn't document the hours she provided care during the current week of Nov. 2nd and prior weeks of Oct. 26th and Oct. 19th.	I went Back that Day and put Down the hours for these Days.	Done	

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 11/6/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: During a staff file review, it was noted the provider didn't have a current CPR certificate on file.	I Did Forget to Do my CPR, However I Did Do my CPR.	Done 2/26/2026
4	250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: During a staff file review, it was found that the provider didn't have written documentation of completion of continuing education hours for the year.	to prevent this I Printed a Staff Continuing Education Record Form to keep track off all my continuing Ed. hours.	Done

* I Believe these Correction Plans were Not received Because of the wrong address at the top of the paper.

NAME - Agency Worker
Heather Ruf

Date Issued
11/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

March 17/2026