

RECEIVED

5/31/2024

Date Correction Plan Due 5/31/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Hollysplaycare		Provider Number / Facility ID Number 7000587057 / 002 - 2002348											
Address - Facility (Street, City, State, Zip Code) N1902 North Rd Melrose WI 546428210		Telephone Number 608-488-2200	Date - Regulation Visit 5/10/2024										
		<table border="1"> <thead> <tr> <th data-bbox="113 787 1753 836">Rule/Statute Number Noncompliance Statement</th> <th data-bbox="976 787 1512 836">Correction Plan</th> <th data-bbox="1512 787 1753 836">Expected Completion Date</th> <th data-bbox="1753 787 1944 836">Verification Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="113 836 976 1195"> 1 202.08(1m)(b)1. A Certified Child Care Operator Shall Report To The Certification Agency As Soon As Possible, But No Later Than The Certification Agency's Next Working Day An Accident Or Incident That Occurs While A Child Is In Care Of A Provider Resulting In An Injury Requiring Professional Medical Evaluation. Description: Operator did not report an incident that occurred while child was in care resulting in an injury requiring medical evaluation. </td> <td data-bbox="976 836 1512 1195"> Report all incidents of injury to my certification lady that had medical evaluation. Review the rule to make sure I understand how to follow it </td> <td data-bbox="1512 836 1753 1195">5-28-2024</td> <td data-bbox="1753 836 1944 1195"></td> </tr> </tbody> </table>	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	1 202.08(1m)(b)1. A Certified Child Care Operator Shall Report To The Certification Agency As Soon As Possible, But No Later Than The Certification Agency's Next Working Day An Accident Or Incident That Occurs While A Child Is In Care Of A Provider Resulting In An Injury Requiring Professional Medical Evaluation. Description: Operator did not report an incident that occurred while child was in care resulting in an injury requiring medical evaluation.	Report all incidents of injury to my certification lady that had medical evaluation. Review the rule to make sure I understand how to follow it	5-28-2024				
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NAME - Agency Worker
Jan Burns-Fuchs *JB*

Date Issued
5/10/2024

SIGNATURE - Certified Operator or Designee / Licensee of Designee

Holly [Signature]

Date Signed

5-28-2024