Date Correction Plan Due 12/14/2022	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL** 262-446-7800

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**	
Hcls Extended Care		5000560275 / 002 - 1003112	
Address - Facility (Street, City, State, Zip Code) 12300 W Janesville Rd Hales Corners WI 531302350	**Telephone Number** 414-529-6701	**Date - Regulation Visit** 11/14/2022	

	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: The file for Child 4 lacked complete enrollment information upon licensing review.	Forms were returned to parents to be completed.	11/22/22	11/21/22
2	251.04(6)(b) **Current, Accurate Daily Attendance Record** Description: Attendance was not current and accurate upon review. Two children were signed into a classroom who were no longer present.	Reminder given to staff as a whole to check children out upon pick up.	11/17/22	11/17/22

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3	251.04(8)(b) **Biennial Training - Child Abuse & Neglect** Description: The file for Staff D lacked documentation of current biennial Child Abuse and Neglect prevention training. The training present in the file expired in October 2022.	Staff completed abuse & neglect training.	11/25/22	12/1/22
4	251.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: A medication on the premise lacked a label with the child's name, dosage, and directions for administration.	Medication was sent home and medication policy was reviewed w/ staff	12/1/22	12/1/22

NAME - Agency Worker
Kayla Sands, Rhonda Brueggemann

Date Issued
11/29/2022

SIGNATURE - Agency Worker

Date Signed