

Date Correction Plan Due 11/29/2023	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Children's Discovery Center		Provider Number / Facility ID Number 5000569345 / 012 - 1014793		
Address - Facility (Street, City, State, Zip Code) 3109 John Joanis Dr Stevens Point WI 544828800		Telephone Number 715-544-4991	Date - Regulation Visit 9/14/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(i) Report - Abuse Or Neglect Description: The Department was not notified of a potential child abuse incident within 24 hours of the occurrence.	Policy was gone over with staff.	11/22/23	
2	251.04(4)(a)3. Parent Notification - Minor Injury Description: A child received a minor injury on 09/06/23 and parents were not notified of the incident until 09/08/23.	Policy was gone over with staff	11/22/23	

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3	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: Once medication in Classroom 2 did not include the time intervals for administration.</p> <p>One medication in Classroom 3 did not include the time intervals or dates for administration. The medication also required a doctor consultation prior to use with a child under the age of 12 and a doctor was not consulted.</p> <p>Repeat violation: Previously cited on 10/27/2021</p>	<p>Doctor plans were added and/or medication was taken home.</p>	11/22/23	
4	<p>251.07(6)(f)1.b. Medication Administration - Containers & Labeling</p> <p>Description: Medication in Classroom 12 was not in the original container and labeled with the child's name, dosage, and directions for administration.</p>	<p>Staff read through Policy and parent was notified of expectations.</p>	11/22/23	
5	<p>251.07(6)(f)3. Medication - Storage</p> <p>Description: In Classroom 3 medication was left on the counter's edge and in reach of children.</p> <p>In classroom 12 medication was stored in a child's backpack and within reach of children.</p>	<p>Staff read through expectations.</p> <p>Parent was notified of expectations to give to the staff.</p>	11/22/23	

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6	<p>251.07(6)(f)6.</p> <p>Current Authorizations For Medications On Premises</p> <p>Description: Medication in Classroom 2 had an expired parent authorization.</p> <p>Medication in Classroom 7 was expired.</p> <p>Medication in Classroom 12 had an expired parent authorization.</p>	<p>Authorizations were updated or medication was sent home.</p>	

NAME - Agency Worker
Heather Struck, Dezarae Wierzba

Date Issued
11/14/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Samantha Zimmerman

11/27/2023