

Date Correction Plan Due 8/14/2024	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 Excel Preschool		Provider Number / Facility ID Number 0000589650 / 001 - 2004278							
Address - Facility (Street, City, State, Zip Code) 4500 Industrial Park Rd Stevens Point WI 544815014		Telephone Number 715-544-0832	Date - Regulation Visit 7/15/2024						
	Rule/Statute Number Noncompliance Statement	Correction Plan	<table border="1"> <thead> <tr> <th data-bbox="1545 719 1797 781"> Expected Completion Date </th> <th data-bbox="1797 719 2020 781"> Verification Date </th> </tr> </thead> <tbody> <tr> <td data-bbox="1545 781 1797 1049">8/5/2024</td> <td data-bbox="1797 781 2020 1049"></td> </tr> <tr> <td data-bbox="1545 1049 1797 1317">8/5/2024</td> <td data-bbox="1797 1049 2020 1317"></td> </tr> </tbody> </table>	Expected Completion Date	Verification Date	8/5/2024		8/5/2024	
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1	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: One child did not have record of a health report. Repeat violation: Previously cited on 7/19/2023	Child no longer attends facility. Future children will be given deadlines to return paperwork or given a disenrollment date.							
2	251.04(6)(b) Current, Accurate Daily Attendance Record Description: The daily attendance records did not include the dates of birth for children.	DOB was added to child name in app in order for it to display in report.							

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3	251.07(5)(a)5.a. Menus - Post Description: A current menu was not posted in an area visible to parents.	Menus were printed and posted on corkboard rather than only in the app.	8/5/2024	
4	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: The parent authorization for one medication did not include specific dates for the length of administration.	Medication no longer relevant and was removed.	8/5/2024	
5	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: One medication was authorized by parents to administer daily. Per medical log book review the medication was last administered on 06/24/24.	Reviewed with parent to bring medication daily if it was to be applied daily. They opted to inactivate auth for that medicine.	8/5/2024	
6	251.07(6)(i)5. Diapering Children Over Age 2 Description: The disinfectant product was not used per the product label instructions.	Disinfectant bottles re-mixed and labeled properly. Teachers and staff were re-trained on mixing ratios.	8/5/2024	

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NAME - Agency Worker
Heather Struck

Date Issued
7/30/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Brittany Printz, BCBA

Date Signed
8/5/2024