

Date Correction Plan Due 9/11/2024	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 Newman Catholic Ecc - St Therese		Provider Number / Facility ID Number 3000560503 / 001 - 620257		
Address - Facility (Street, City, State, Zip Code) 112 Kort St W Schofield WI 544761244		Telephone Number 715-355-5254	Date - Regulation Visit 8/12/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: The parent authorization for one medication in the Infant Classroom did not contain dates for authorization. Repeat violation: Previously cited on 1/19/2024	Reviewed medication authorization form to all staff and subs, at Staff mtg. Insure that all areas are complete before parent leaves for day.	8-22-24	
2	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: One medication in the Infant Classroom was not administered per the parent authorization on 08/08/24.	This was a day subs in room. Reviewed medication administration to staff and subs. To follow auth. no matter if we feel child doesn't need it.	8-22-24	

NAME - Agency Worker
Heather Struck

Date Issued
8/27/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Amy Faust

Date Signed

8-28-24