

Date Correction Plan Due 5/21/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 252.4(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	
Kettle Moraine Ymca Discovery Cntr		9000559219 / 010 - 1013650	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
1113 W Washington St West Bend WI 53095		262-334-8009	4/22/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: Based upon the center's self-report, on April 15, 2024, a parent of a 1.5-year-old child did not complete a written authorization to administer medication, she only signed and dated the form. The child care worker completed the other required information; however, they made an error and wrote down the incorrect dosage.</p> <p>Repeat violation: Previously cited on <u>12/14/2022</u>, <u>7/26/2022</u></p>	<p><i>all staff will review the medication policy of the program</i></p> <p><i>-They will sign off on understanding</i></p> <p><i>-Staff have been told in writing + verbal that parents need to complete the medical form.</i></p>	<p style="font-size: 1.2em;"><i>June 6, 2024</i></p>
2	<p>251.07(6)(f)5. Medication Administration - As Labeled & Authorized</p> <p>Description: Based upon the center's self-report, on April 15, 2024, a child care worker did not administer a dose of medication according to the label to a 1.5-year-old child resulting in the child receiving 3.5 mL over the indicated dose on the label.</p>	<p><i>-All staff will participate in hands on practices and training with different samples of medicine.</i></p>	<p style="font-size: 1.2em;"><i>June 6, 2024</i></p>

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Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker

Jamie Brandt

Date Issued

5/7/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Miss Kiserov

Date Signed

5-17-24