

Date Correction Plan Due 6/16/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 University Ave Discovery Ctr Inc		Provider Number / Facility ID Number 9000557929 / 001 - 120055	
Address - Facility (Street, City, State, Zip Code) 1609 University Ave Madison WI 53726		Telephone Number 608-283-9805	Date - Regulation Visit 5/30/2025
		Correction Plan	Expected Completion Date
	Rule/Statute Number Noncompliance Statement		Verification Date
1	251.04(6)(a)8. Child Record - Physical Examination Description: Child B did not have documentation of a health exam within the last two years as required when the most recent health exam on file was from February of 2023.	As of 6/2 all documentation has been updated.	6/2/25
2	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A did not have documentation of training in child abuse and neglect within the last two years as required, when the most recent certificate of training was from 2021. In addition, Staff B had completed the training using the pamphlet titled "It Shouldn't Hurt to Be a Child", which is no longer accepted by the department to meet the training requirement.	As of 6/4/25 both Staff A & B has been updated with the correct training.	6/4/25

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5/30/2025

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3	251.06(2)(b) Electrical Or Hot Surface Protection Description: An electric outlet in use in the Wizards classroom was loose from the wall and had masking tape on it to attempt to re-attach it to the wall.	AS of 6/2/25 the outlet has been re-attach to the wall.		
4	251.07(5)(b)5. Eating Surfaces - Cleaned, Sanitized Description: During the monitoring visit, a staff member was observed using a washcloth to wipe part of table after a child finished eating the morning meal, after which the staff member hung up the washcloth on a hook. The staff member then used the same washcloth to wipe another part of the table when a second child finished eating and hung the washcloth back up in the same spot. The staff member did not use a two-step process to clean the table as required.	AS of 6/5/25 an email is being sent out to staff and we plan to discuss at our next staff meeting		
5	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: An epipen on site for Child 1 had expired in June of 2024.	AS of 6/2/25 the center has all updated medication		

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6	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Child 1 had an epipen on site with no current authorization from the parents as required.	As of 6/2/25 all authorization forms are updated.	

NAME - Agency Worker
Casey Allison

Date Issued
6/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Key Hume

Date Signed

6/4/25