

<b>Date Correction Plan Due</b> 12/28/2022	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> University Ave Discovery Ctr Inc		<b>Provider Number / Facility ID Number</b> 9000557929 / 001 - 120055		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1609 University Ave Madison WI 53726		<b>Telephone Number</b> 608-283-9805	<b>Date - Regulation Visit</b> 11/30/2022	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(2)(h) <b>Policies Submitted &amp; Implemented</b>  Description: Staff members failed to follow the pickup time procedure, when they did not make contact with a person who picked up a child from the playground. Staff member assumed the child left with his parents and did not verify this information.	<ul style="list-style-type: none"> <li>Center is now requesting requiring that families sign out on a roster</li> <li>Teachers are required to acknowledge each parent at Pick up time</li> <li>Families are being asked to sign document stating they will follow policies</li> </ul>	11/14/22  11/14/22  1/13/23	
2	251.05(3)(b) <b>Shaken Baby Syndrome Prevention Training</b>  Description: Staff B did not have documentation of having completed Shaken Baby Syndrome/Abusive Head Trauma Prevention Training prior to beginning to work with children under 5 years of age.	Administration contacted staff to request a copy of this certification. This was provided by staff person.	12/14/22	

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3	251.05(3)(g)2. Assistant Child Care Teacher - Qualifications  Description: Staff B did not complete the required entry-level training within the 6 months after assuming the position of assistant child care teacher.	Administration met with staff person and set a deadline for this course to be completed. This deadline was met and staff completed course.	12/20/22
4	251.055(1)(a) Supervision Of Children  Description: A four-year-old child was not supervised by staff members from the after-school program when they could not account the whereabouts of a child. They assumed that the child had been picked up by his parents but did see the child leave. Based on the investigation, the child was unsupervised for approximately ten to fifteen minutes.  The incident was self-reported.  Repeat violation: Previously cited on 8/2/2022, 2/23/2022, 9/30/2021	Administration met with staff and went over policies + procedures  Staff are required to do a face to name check every 15 minutes and initial off that this has been completed.  Staff have signed off that they are aware of policies  Training has been requested from DCF on topic of supervision	1/13/23  11/11/22  1/13/23  1/9/23

NAME - Agency Worker  
Luzdarys Marquez

Date Issued  
12/12/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*S. Wal*

Date Signed

12-20-22