

Date Correction Plan Due 12/20/2024	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 252.41(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 Children Of America Appleton		Provider Number / Facility ID Number 6000585236 / 001 - 1014708		
Address - Facility (Street, City, State, Zip Code) W3117 Springfield Dr Appleton WI 549156183		Telephone Number 920-380-0554	Date - Regulation Visit 9/23/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.055(1)(a) Supervision Of Children</p> <p>Description: On August 16, 2024, a child care worker failed to supervise a 2 ½-year-old child when the child was left behind in the centers City Place indoor play area alone. The child was without sight and sound supervision for approximately four minutes before being found by other child care workers who were entering the play area with their class.</p> <p>The above violation is the result of a self-reported incident by the center as required by licensing.</p> <p>Order issued.</p>	<p>on 12/11/24 Staff received training on movement+ log, name to face policy Employee was terminated.</p>	<p>12/11/24</p>	

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2	<p>251.055(1)(f) Child Tracking Procedure</p> <p>Description: On 8/16/24, a child care worker failed to adhere to the center's child tracking procedure. The worker failed to utilize the centers movement log to have management, or another staff member verify and sign off on their number of children before leaving the play area. The worker also failed to do a name to face head count of the children upon returning to their classroom resulting in the 2 ½-year old child being left behind and unattended for approximately four minutes.</p> <p>The above violation is the result of a self-reported incident by the center as required by licensing.</p> <p>Order issued.</p>	<p>on 12/11/24 all staff received training on movement log and policy.</p> <p>Employee was terminated.</p>	12/11/24	
3	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: Medication of site failed to have a fully completed parent authorization. Form was missing from/to dates for administering the medication.</p>	<p>medication form was filled out completely.</p>	Immediately	
4	<p>251.07(6)(f)1.b. Medication Administration - Containers & Labeling</p> <p>Description: A medication on site failed to be labeled to include the child's name and directions for administering- no prescription label was available with the medication.</p>	<p>Medication was sent home and new one provided</p>	Immediately	

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5	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: A medication failed to be administered/authorized as labeled- medication expired March 24.	Medication was sent home	Immediately	

NAME - Agency Worker
Ruth Sprangers

Date Issued
12/6/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed