

Date Correction Plan Due 5/19/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Apple Ridge Academy		Provider Number / Facility ID Number 3000585353 / 003 - 2005693		
Address - Facility (Street, City, State, Zip Code) 3250 S 166Th St New Berlin WI 531514141		Telephone Number 262-797-9883	Date - Regulation Visit 4/8/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(4)(a)2.c. Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication Description: Per a review of the injury log book, two different entries were noted in which a parent was not immediately notified of injury to the face.	The classroom teachers were given additional training in proper procedures and when to call parents.	Completed on 4/8/25	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Documentation of physical health examination that indicates Staff B is free from illnesses detrimental to children, including tuberculosis, and is physically able to work with young children was not on file.	The teacher called her doctor to obtain this documentation	Completed 4/8/25	

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3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Child abuse and neglect training, completed at least once every 2 years, was not observed on file for Staff A.	The teacher took the training right away and the certificate is in her file.	5/19/25	
4	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: Medication was observed in the Preschool room without a label that included the child's name.	The medication was labeled correctly and placed back n the classroom.	Completed on 4/8/25	

NAME - Agency Worker
Crescenta Sabree, Rhonda Brueggemann

Date Issued
5/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed