

<b>Date Correction Plan Due</b> 12/8/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-930-1148
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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> New Adventures Lrn Ctr - Prescott		<b>Provider Number / Facility ID Number</b> 9000586199 / 001 - 1016024		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1051 Orrin Rd Prescott WI 54021		<b>Telephone Number</b> 715-262-4245	<b>Date - Regulation Visit</b> 9/2/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)1. <b>Child Record - Enrollment Information</b>  Description: Child # 9's record was missing the name, address, telephone number, and relationship to the child of a person to be notified in an emergency when a parent cannot be reached.	Stopped Parent at Pick up @ had her fill in the space.	9/2/2025	
2	251.055(1)(f) <b>Child Tracking Procedure</b>  Description: On 09/02/25, staff did not implement the center's tracking procedure to ensure that the number, names, and whereabouts of children in care are known to assigned child care workers at all times in the 4K Room when one child in care was not accounted for on the center's tracking system.	Spoke w/ 4k staff and reminded to be sure to use Lillio app. to track children in + out of 4K	9/2/2025	

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3	251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b>  Description: The medical / injury log book in the 4K Room was missing documentation of having been reviewed within the past six months. The director or the director's designee shall review records of injuries with staff every 6 months to ensure that all possible preventive measures are being taken. The reviews shall be documented in the medical log book	4k medlog reviewed & all med logs reviewed to ensure correct review is done. Added to admin calendar to ensure timely reviews	9/2/2025

NAME - Agency Worker  
April Callihan

Date Issued  
11/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*April Callihan*

Date Signed

11/24/2025