

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

Date Correction Plan Due
7/11/2024

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 Goodman Community Center
Provider Number / Facility ID Number 0000558670 / 006 - 1013524

Address - Facility (Street, City, State, Zip Code) 149 Waubesa St Madison WI 53704
Telephone Number 608-279-2808
Date - Regulation Visit 6/26/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A child's medication was missing a written authorization from the parent that includes the child's name, birthdate, medication name, administration instructions, medication intervals and the length of authorization.	Admin will be the first contact when it comes to any medication to ensure all paperwork is in compliance with licensing. We are also adding medication steps before excepting anything from a participant on each medication box. we will walk all staff through the medication process in our summer and all training.	July 5th 2024	

NAME - Agency Worker
Amy Anderson

Date Issued
6/27/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed