

Date Correction Plan Due 5/15/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Eagles Wing Child Care And Edu Prog		Provider Number / Facility ID Number 4000559624 / 032 - 120635		
Address - Facility (Street, City, State, Zip Code) 611 Eagle Hts Madison WI 53705		Telephone Number 608-262-8161	Date - Regulation Visit 4/29/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Child 1 and Child 2 were missing follow-up health exams every 6 months.	EW will follow up with the families of child 1 and 2 and add documentation of the 6 mo.follow -up health exams to each child's file.	5 / 3 1 / 2 0 2 4	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Several of the Authorization to Administer Medication forms in the Niiji classroom were missing information on when to administer medication and the medication time period.	The Niiji room medication forms will be reviewed and corrected. The May EW staff meeting will include medication form protocol per licensing rule.	5 / 1 7 / 2 0 2 4	

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3	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: In the infant room, child 1 and child 2 did not have documentation of changes in development and routines every three months based on discussion with the parent as required.	Teachers will discuss any documented changes in development and routine with parents and have them initial the intake form every 3 mo	5 / 3 1 / 2 0 2 4	
4	251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: Two bottles that were brought from home in the infant room refrigerator were not dated and labeled with the child's name.	Azhar Teachers will check the bottles for labels upon child's arrival. Tape and a marker will be available for parents or staff to add labeling if needed.	4 / 3 0 / 2 0 2 4	

NAME - Agency Worker
Rebecca Brickson

Date Issued
5/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
5/2/2024

Paula Zipperer