

Date Correction Plan Due 10/3/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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.

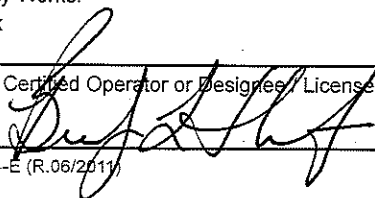
Name - Certified Operator / Licensed Center Helen R Godfrey Unv Chld Lrn And Cc		Provider Number / Facility ID Number 4000559624 / 001 - 1004901		
Address - Facility (Street, City, State, Zip Code) 910 Fremont St Delzell Hall Stevens Point WI 544813105		Telephone Number 715-346-4370	Date - Regulation Visit 9/4/2024	
	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: Parents were not immediately notified when their child experienced a head injury. The medical log book in the Infant Classroom documented head injuries on 08/20/24 and 08/19/24. In both entries staff noted that parents were not notified.	Although parents were notified upon pickup of injury, a phone call was failed to be made at time of accident. All staff received professional development on process to be followed regarding any injury to a child's head.	9/5/24	
2	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: In the Bunny Classroom a prescription medication was not in the original container and did not contain a label with the child's name and dosage and directions for administration.	At time of drop off staff were unable to review eczema cream & paperwork for new child, placed out of child reach, & did not apply. Inaccurate container/labeling noted upon visit. All staff reminded to direct parents to main office with any meds, creams, etc. Email notice to families on procedure to follow sent.	10/4/24	

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3 251.07(6)(i)1. Washing Child's Hands & Face Description: A child in the Rainbow Classroom did not wash their hands after using the bathroom.	With being the first week of school + new student staff working in the classroom, student staff was not positioned to see that child did wash. At staff meeting same evening, lead staff provided PD to student employees on classroom positioning.	9/4/24	
4 251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection Description: Per staff interview and observation, the disinfectant product is not being used per the manufacturer's instructions on the label.	Although disinfectant was being used for the required time of a majority of viruses, it was not the maximum time to include all viruses. In consultation with licensing specialist switched disinfecting product from spray to wipes.	9/9/24	

NAME - Agency Worker
Heather Struck

Date Issued
9/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
9/18/2024