

<b>Date Correction Plan Due</b> 8/7/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Bethlehem Comm Presch And Childcare	<b>Provider Number / Facility ID Number</b> 1000577751 / 002 - 1012077
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<b>Address - Facility (Street, City, State, Zip Code)</b> 1750 County Road Xx Rothschild WI 544749097	<b>Telephone Number</b> 715-359-3366	<b>Date - Regulation Visit</b> 7/11/2024
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)6. <b>Staff Record - Days &amp; Hours Worked</b></p> <p>Description: Several staff in the Arctic, Rainforest, and Ocean Classrooms were not signed in and/or out on the daily attendance sheet when included in staff-to-child ratio.</p>	<p>Met with each staff individually to discuss the importance of signing in + out to ensure that we are meeting the staff to child ratios</p>	7/25/24	
2	<p>251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b></p> <p>Description: One medication in the Rainforest Room required a doctor consultation prior to use with a child under the age of 12 and a doctor was not consulted.</p> <p>One medication in the Ocean Room did not have specific intervals to administer on the parent authorizaion.</p>	<p>Talked with staff on how to make sure that the Medication Authorizations are filled out correctly and that parents initial when needed. We also discussed that we will no longer accepting "as needed" medication forms</p>	7/25/24	

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3	251.07(6)(f)5. <b>Medication Administration - As Labeled &amp; Authorized</b>  Description: One medication in the Arctic Room was not administered per the intervals specified on the parent authorization.  One medication in the Rainforest Room was not administered per the intervals specified on the parent authorization.	No longer accepting "as needed" med forms. Staff have been reminded that medication needs to be administered at the times listed by the parent, and Medications will be sent home when no longer needed.	7/25/24

NAME - Agency Worker  
Heather Struck

Date Issued  
7/23/2024

SIGNATURE - Certified Operator or Designer / Licensee or Designee

*Michelle Zehner*

Date Signed

8/5/24