

Date Correction Plan Due 7/9/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Community Learning Center		Provider Number / Facility ID Number 0000558800 / 001 - 1003777		
Address - Facility (Street, City, State, Zip Code) 1234 Lincoln Ave Port Washington WI 53074		Telephone Number 262-284-6502	Date - Regulation Visit 2/5/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Based upon record review, on 02/05/2024 one staff member failed to sign out of the orange room.	<ul style="list-style-type: none"> • Review of DCF 251 p. 30 Documentation of days and hours worked • Review of staff personnel policy p. 2 documenting breaks • Review of how staff should sign-in and sign-out on Classroom Cupboards 	Feb 20, 2024 Staff meeting + on-going	
2	251.06(2)(d) Access To Materials Potentially Harmful To Children Description: Based upon a self-report on January 25, 2024, a two-and-a-half-year-old child found a prescription medication in the classroom and gave it to a child care worker.	<ul style="list-style-type: none"> • magnetic cabinet locks were installed in the below classrooms for locked med. boxes + any staff purses/bags that may contain any type of medication - white, purple, orange, green, red, fish • yellow room - locked med box will be stored on top of Classroom Fridge • castles/kitchen locked med box is kept in kitchen cabinet. any staff purse/bag that may have med. should be kept locked in personal car or inside locked storage closet. 	3/3/24	

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3	251.07(6)(f)3. Medication - Storage Description: Based upon self-report, on January 25, 2024, a child care worker failed to store medication so that it is not accessible to children. A two-and-a-half-year-old child found a pill. Upon search of the classroom a second pill, was in a pencil container on the counter in the classroom.	See Correction Plan for #2 → • Monthly staff meeting - Medication storage was discussed p. 95 DCF 251 →	3/3/24 <hr/> 2/20/24	

NAME - Agency Worker
Amanda Holz

Date Issued
6/25/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kathna Kischner

Date Signed
6/27/2024