

Date Correction Plan Due 9/2/2021	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN		
			TO FILE A COMPLAINT CALL 608-422-6765

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

Hickory Hill Academy

Address - Facility (Street, City, State, Zip Code)

3276 S High Point Rd Madison WI 53719

Telephone Number
608-845-3245

Date - Regulation Visit
8/17/2021

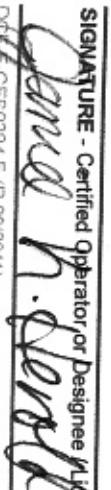
Provider Number / Facility ID Number
6000559616 / 001 - 120775

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(3)(m) Report - Communicable Disease Description: The center did not notify the department or the local health department about a disease reportable under ch. DHS 145 within 24 hours after the center learned of the diagnosis when the center notified both agencies 4 days after learning of the diagnosis.	Going forward, immediately upon learning that an individual has tested positive for Covid-19, Head of School will alert Penny Nangle and provide the name, date of positive test, dates of exposure to others within HHA community, and date HOS was notified of positive case. Penny Nangle will then promptly report the case to the Department of Health, Madison and Dane Co., and to Child Care Licensing, per indication of each department.	8-20-21	

NAME - Certification Worker / Licensing Specialist

Amy Anderson

SIGNATURE - Certified Operator or Designee / Licensee or Designee


Amy Anderson

Date Issued
8/19/2021

Date Signed

8-20-21