DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
4/3/2019		262-446-7800

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		Provider Number / Facility ID Number	
Discovery Days Child Care Iii Inc		7000588917 / 001 - 2002949	
Address - Facility (Street, City, State, Zip Code) 9758 S Airways Ct Franklin WI 531328886	**Telephone Number** 414-423-1100	**Date - Regulation Visit** 3/22/2019	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(a) **Report - Incident Or Accident** Description: Rule:any incident or accident that occurs while the child is in the care of the center that results in an injury that requires professional medical treatment within 48 hours of the licensee becoming aware of the medical treatment. The child care did not inform the department within 48 hours about a injury that occurred at the child care where the child was taken for medical treatment. The child care was informed/aware when the child was picked up that the child was going to the doctor. The child care did not report to the department until March 12, 2019 for the incident that occurred 3/4/19.	See attached Sheet	3/13/19	

NAME - Certification Worker / Licensing Specialist
John Roso

Date Issued
3/22/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Margaret Ynowicki

Date Signed
3/27/19

Procedures regarding the incident report have been revised due to the late notice given to the Department of Health and Family Services on 3/12/19. Incident reports have been changed to ensure that a Director signs the report so there is no confusion as to whether the Director has been informed of the incident. The form also includes initials to indicate if outside medical care was needed or obtained by the parent and a reminder to submit paperwork to the department within 48 hours.

Ouch Report

Revised 3.13.2019

Child's Name: _____ **Date:** _____ **Time:** _____

Injury Occurred: Inside _____ **Outside** _____

Description of Injury:

_____

_____

_____

_____

_____

_____

_____

_____

_____

First Aid _____ **Washed**_____ **Band aid**_____ **Ice**_____ **Rest/Observe**_____

Logged in Medical Log: _____**(initials) Date, time and incident with initials**

Head Injury, Serious Injury, Injury to the Face Parent Called: _____ **Time:** _____

Child Received Outside Medical Care: _____**Yes** _____**No**

(If yes file report with the State within 48 hours and inform ownership team)

Witness Signature: _____ **Date:** _____

Director's Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____