

<b>Date Correction Plan Due</b> 11/26/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> The Academy After School Program		<b>Provider Number / Facility ID Number</b> 6000589146 / 002 - 2003721		
<b>Address - Facility (Street, City, State, Zip Code)</b> 220 W Northland Ave Appleton WI 549112017		<b>Telephone Number</b> 920-830-2233	<b>Date - Regulation Visit</b> 11/11/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a) <b>Child Record - Maintenance &amp; Availability</b>  Description: One child did not have their doctor's contact information on the enrollment form - see checklist.	<i>Added to form</i>	<i>12-9-24</i>	
2	251.05(2)(a)1. <b>Staff Record - Personal Information</b>  Description: One staff member did not have a staff record in their file - see checklist.	<i>Form completed in file</i>	<i>12-9-24</i>	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.05(2)(a)2. <b>Staff Record - Completed Background Check</b></p> <p>Description: One staff member did not have a completed background check in their file - see checklist.</p> <p>Repeat violation: Previously cited on 11/20/2023</p>	Forms completed, in file	12-9-24	
4	<p>251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b></p> <p>Description: Three staff members did not have their physicals in their files after 30 days of employment - see checklist.</p> <p>Repeat violation: Previously cited on 11/6/2023</p>	Forms completed, in file	12-9-24	
5	<p>251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b></p> <p>Description: One child had an inhaler on site with no authorization form.</p>	Forms completed, in file	12-9-24	
6	<p>251.08(4)(c)1. <b>Driver Record - Obtain &amp; Review</b></p> <p>Description: One staff member did not have a current drivers record check on file at the center - hers was last done in August of 2023.</p>	Form completed, in file	12-9-24	

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Completion Date

Verification  
Date

NAME - Agency Worker  
Jill Kellner

Date Issued  
11/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

12-9-24