

Date Correction Plan Due 6/20/2019	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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)(f) 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 Great Escape-Mckinley School		Provider Number / Facility ID Number 1000559711 / 005 - 620399	
Address - Facility (Street, City, State, Zip Code) 2926 Blaine St Mckinley Center Elementary Sch Stevens Point WI 544814711		Telephone Number 715-347-4022	Date - Regulation Visit 5/30/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	251.04(4)(a)2. Parent Notification - Illness Or Serious Injury Description: An injury requiring medical attention was not reported to parents and parents were later notified by school staff.	<i>Staff were reminded of center policy. School Age will be implementing Class Dojo as an instant communication tool with parents.</i>	09-03-19

NAME - Certification Worker / Licensing Specialist Dezarae Wierzba	Date Issued 6/6/2019
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SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Chelsea Kelly</i>	Date Signed 08-09-19
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