

NONCOMPLIANCE STATEMENT AND CORRECTION

Date Correction Plan Due
6/20/2023

PLAN

TO FILE A COMPLAINT CALL

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)(i) and (3)(f), DCF 252.41(1)(i) 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

Kusd Head Start - Ebsola

Provider Number / Facility ID Number

2000567332 / 022 - 2003612

Address - Facility (Street, City, State, Zip Code)
2600 50Th St Kenosha WI 531405811

Telephone Number
262-359-2300

Date - Regulation Visit
6/1/2023

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected Completion Date

Verification Date

1 251.04(6)(a)8.b.

Child Record - Health History - Parents Names

Description: Documentation of parent names was not observed on the health history form.

All parent information is kept in Infinite Campus - District registration database. We must follow District policies and procedures. Will print a summary report to put in folders

8/28/23

(return to school)

2 251.04(6)(a)8.c.

Child Record - Health History - Parent Contact Info

Description: Documentation of parent contact information was not observed on the health history form.

All teachers have access to this information in Infinite Campus. Will print an Emergency Card Summary to put in folders

8/28/23

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Kusd Head Start - Ebsola

2000567332 / 022 - 2003812

Address - Facility (Street, City, State, Zip Code)
2600 50Th St Kenosha WI 531405811

Telephone Number
262-359-2300

Date - Regulation Visit
6/1/2023

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.04(6)(a)8.d. Child Record - Health History - Medical Contact Description: Documentation of the name, address and phone number of the medical facility or physician was not observed on the health history form.	Will print an Emergency Card Summary from Infinite Campus. Must follow District Policies and Procedures. Protocol- Call Parent/ Call 911	8/28/23	
4 251.04(6)(a)8.e. Child Record - Health History - Medical Conditions Description: Documentation of medical condition(s) was not observed on the health history form.	Will Print Emergency Card Summary from Infinite Campus which has this information. Will place in folder	8/28/23	
5 251.04(6)(a)8.f. Child Record - Health History - Medical Condition Symptoms Description: Documentation of medical symptoms and other required information was not observed on the health history form	School Nurse educates staff about medical conditions and symptoms Also documentation Health Plans for child.	8/28/23	
6 251.04(6)(a)8m. Child Record - Immunization History Description: Documentation of immunizations was not observed	Print Emergency Card Summary. School District monitors immunizations Notifies Parents & excludes child until compliant.	8/28/23	

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Rule/Statute Number Noncompliance Statement		Correction Plan	
7	251.05(3)(b) Abusive Head Trauma Prevention Training Description: There was no documentation of Abusive Head Trauma/Shaken Baby Training for a child care worker	Staff Completed Training Will Monitor to ensure staff is trained in fall	Expected Completion Date 6/8/23
		Verification Date	

NAME - Agency Worker
Colleen Hanser, Rhonda Brueggemann

Date Issued
6/6/2023

SIGNATURE - Certified Operator or Designee / Licensed or Designee

Deanne Kilde

Date Signed

6/16/2023