

<b>Date Correction Plan Due</b> 2/23/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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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 202.085, 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.

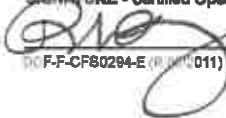
<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Kued Head Start - Curtis Strange Elementary		2000567332 / 021 - 2003811		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
5414 49Th Ave Kaukauna WI 531443822		262-369-8024	2/13/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(3)(b) Abusive Head Trauma Prevention Training  Description: The substitute, who provides care and supervision to children under 5 years of age, did not complete department-approved training in shaken baby syndrome and abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children prior to beginning to work with children under 5 years of age.  Repeat violation: Previously cited on 3/14/2023	The long term substitute in this class has completed the required trainings per the policy	2/1/24	2/19/24
2	251.05(3)(cm) Child Abuse & Neglect - Biennial Training  Description: The substitute did not complete training within one week after beginning work at the center in child abuse and neglect laws, identification and reporting procedures.	The long term substitute Sydney Sturis will complete required training	3/1/24	2/19/24

<b>Name - Certified Operator / Licensed Center</b> Kwad Head Start - Curtie Strange Elementary		<b>Provider Number / Facility ID Number</b> 2000687332 / 021 - 2003811	
<b>Address - Facility (Street, City, State, Zip Code)</b> 6414 48Th Ave Kenosha WI 531443822		<b>Telephone Number</b> 262-358-6024	<b>Date - Regulation Visit</b> 2/13/2024
<b>Rule/Statute Number</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
<b>Noncompliance Statement</b>			

**NAME - Agency Worker**  
Jennifer Bress

**Date Issued**  
2/13/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**



**Date Signed**

3/11/2024

DC F-F-CFS0284-E (R. 01/11/2011)