

<b>Date Correction Plan Due</b> 2/26/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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> Leap Academy		<b>Provider Number / Facility ID Number</b> 3000588293 / 001 - 2001968		
<b>Address - Facility (Street, City, State, Zip Code)</b> 101 Kearney Way Waunakee WI 535971475		<b>Telephone Number</b> 608-850-9696	<b>Date - Regulation Visit</b> 2/12/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<p>251.06(2)(a) <b>Potential Source Of Harm On Premises</b></p> <p>Description: The outdoor premises was not free of hazards when there were several metal garden fence pieces on a playground in an area where children could access them.</p>	<p>The metal fence pieces were removed from the playground on 2/12/24. Do morning playground checks each morning to look for any harmful materials.</p>	2/12/2024	
2	<p>251.06(2)(d) <b>Access To Materials Potentially Harmful To Children</b></p> <p>Description: Potentially harmful materials were not stored in a way that was inaccessible to children when a bottle of hand sanitizer was on a classroom counter in the reach of the children. This was removed during the monitoring visit.</p>	<p>Hand sanitizer was removed and thrown away. Talked to staff members about having potentially harmful materials to children and how to store them properly</p>	2/12/2024	

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Rule/Statute Number  
Noncompliance Statement

Correction Plan

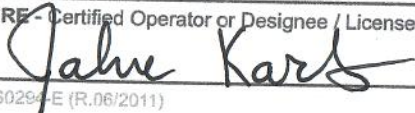
Expected  
Completion Date

Verification  
Date

NAME - Agency Worker  
Casey Allison

Date Issued  
2/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

2/20/2024