

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
715-930-1148

Date Correction Plan Due
3/26/2024

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.

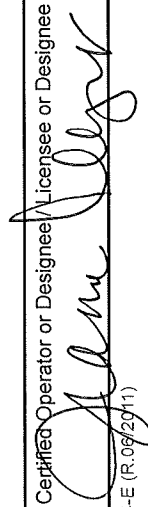
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Family Forum Head Start Center 1		9000577839 / 009 - 1004451
Address - Facility (Street, City, State, Zip Code) 1500 N 34Th St Superior WI 54880		Telephone Number 715-392-6286
Date - Regulation Visit 2/28/2024		Date - Regulation Visit 2/28/2024
Rule/Statute Number	Correction Plan	Expected Completion Date
Noncompliance Statement	Correction Plan	Expected Completion Date
1 251.055(1)(a) Supervision Of Children Description: The center self-reported that a 4 y/o child was out of sight and sound supervision for approximately 2 minutes when the child returned to the classroom to grab his mittens as the rest of the class proceeded to the outdoor play area. The child was found in his classroom by another staff member.	<ul style="list-style-type: none"> Transition lines will have a teacher at head of line & a teacher at the back of line. USE attendance board when going from inside to outside & count by name & number. Teachers will communicate the number & give the "All-here" sign before transitioning. Teachers will adjust their position so they can see children at all times. 	<ul style="list-style-type: none"> 12/21/2024 12/21/2024 - ongoing 12/21/2024 ongoing 12/25/2024
		Verification Date

NAME - Agency Worker
Emily Johnson

Date Issued
3/12/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

3/18/2024