

Date Correction Plan Due 5/13/2026	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)(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.

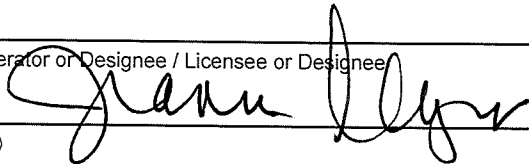
Name - Certified Operator / Licensed Center Family Forum Head Start Center 7		Provider Number / Facility ID Number 9000577839 / 005 - 620370		
Address - Facility (Street, City, State, Zip Code) 301 13Th Ave E Ashland WI 548062135		Telephone Number 715-682-5035	Date - Regulation Visit 4/20/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(1)(a) Supervision Of Children Description: Child 1 was left unsupervised in the classroom for approximately 3-5 minutes. Staff did not provide sight and sound supervision to ensure safety.	*Provide training and technical assistance with staff on Active Supervision specific to counting, transitions, and using the sign in/out board. *A Performance improvement plan was created for the staff involved as a way to monitor and ensure improvements *Health Lead reviewed necessary documents and provided guidance around the Active Supervision policy and noted other relevant content to ensure safety. *As a center team, staff discuss ways to increase safety; reviewed Active Supervision strategies; now using a visual reminder to ensure children are counted.	April 17, 2026 April 24, 2026 April 24, 2026 April 24, 2026 April 17, 2026 April 30, 2026	
2	251.055(1)(f) Child Tracking Procedure Description: The child tracking procedure failed when Child 1 was left in the classroom unsupervised while the rest of the class transitioned to the outdoor play space.	*Training and technical assistance was given to staff around compliance in using the sign in/out board. *A Performance improvement plan was created with immediate correction in using the sign in/out board. Other discussion included: Ways to limit transitions; shifting schedules; and counting children before leaving the room and then again upon return. *Center manager will monitor the sign in/out board and conduct active supervision checks	April 24, 2026 April 30, 2024 April 27 - May 28, 2026	

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Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
Noncompliance Statement			

NAME - Agency Worker
Brooke Lampe

Date Issued
4/29/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
5/6/2026