

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
4/17/2024

TO FILE A COMPLAINT CALL
608-422-6765

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
After School Leopold

Provider Number / Facility ID Number
2000557872 / 026 - 120210

Address - Facility (Street, City, State, Zip Code)
2602 Post Rd Madison WI 53713

Telephone Number
608-616-0305

Date - Regulation Visit
3/19/2024

**Rule/Statute Number
Noncompliance Statement**

Correction Plan

**Expected
Completion Date**

**Verification
Date**

1

**251.055(1)(a)
Supervision Of Children**

Description: Each child was not supervised by a child care worker who is within sight and sound of the children to guide the children's behavior and activities, prevent harm and ensure safety when on March 15, 2024, a 7-year-old child was unsupervised in the hallway for approximately 5 minutes. The program self-reported the incident.

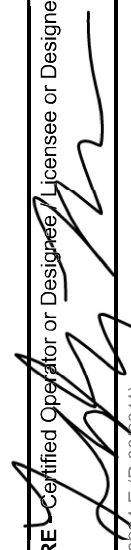
-Staff reviewed supervision procedures immediately following the incident to ensure practices meet licensing compliance.
-Staff involved in incident received a retraining on tracking procedures.
-All staff at the program location reviewed methods of behavior management and child guidance to ensure that similar incidents do not occur.
-Program director has been on-site on a weekly basis ensuring proper supervision and tracking is occurring.

March 19, 2024

Name - Certified Operator / Licensed Center After School Leopold		Provider Number / Facility ID Number 2000557872 / 026 - 120210	
Address - Facility (Street, City, State, Zip Code) 2602 Post Rd Madison WI 53713		Telephone Number 608-616-0305	Date - Regulation Visit 3/19/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
2	251.055(1)(f) Child Tracking Procedure Description: Staff did not adhere to a procedure to ensure the whereabouts of children in care were known to assigned workers at all times, when on March 15, 2024, a 7-year-old child left the group during a bathroom transition and was found in the hallway after approximately 5 minutes. The program self-reported the incident. Repeat violation: Previously cited on 1/8/2024	-Staff reviewed tracking procedures immediately following the incident to ensure practices meet licensing compliance. -Staff involved in incident received a retraining on tracking procedures. -All staff at the program location reviewed methods of behavior management and child guidance to ensure that similar incidents do not occur. -Program director has been on-site on a weekly basis ensuring proper supervision and tracking is occurring.	March 19, 2024

NAME - Agency Worker
Sara Bossingham O'Brien

DATE ISSUED
4/3/2024

SIGNATURE  Certified Operator or Designee / Licensee or Designee

DATE SIGNED
4/9/2024