

Date Correction Plan Due 10/16/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 After School - Cushing		Provider Number / Facility ID Number 2000557872 / 010 - 225812									
Address - Facility (Street, City, State, Zip Code) 227 Genesee St Delafield WI 53018		Telephone Number 605-445-8051	Date - Regulation Visit 9/18/2024								
	<table border="1"> <thead> <tr> <th data-bbox="147 714 474 779">Rule/Statute Number Noncompliance Statement</th> <th data-bbox="474 714 987 779">Correction Plan</th> <th data-bbox="1543 714 1795 779">Expected Completion Date</th> <th data-bbox="1795 714 2030 779">Verification Date</th> </tr> </thead> <tbody> <tr> <td data-bbox="147 779 474 1115"> 1 251.055(1)(a) Supervision Of Children Description: A 6 year old child was not within sight and sound of a child care worker when he left the classroom for 2 minutes during the morning wrap around care on 9-12-24. This is incident was self reported to the Department. </td> <td data-bbox="474 779 987 1115"></td> <td data-bbox="1543 779 1795 1115" style="text-align: center;">9/13/2024</td> <td data-bbox="1795 779 2030 1115"></td> </tr> </tbody> </table>	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	1 251.055(1)(a) Supervision Of Children Description: A 6 year old child was not within sight and sound of a child care worker when he left the classroom for 2 minutes during the morning wrap around care on 9-12-24. This is incident was self reported to the Department.		9/13/2024			
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NAME - Agency Worker
Charlene Langsdorf

Date Issued
10/2/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

