

P.002

FAX No.

JAN/31/2022/MON 08:28 AM

COPY

ATTACHMENT A

STATE OF WISCONSIN

Date Correction Plan Due 1/21/2022	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 Leo Head Start-Early Head Start		Provider Number / Facility ID Number 1000577891 / 002 - 1008964	
Address - Facility (Street, City, State, Zip Code) 8837 N Trepania Rd ,Hayward WI 548432211		Telephone Number 715-634-8560	Date - Regulation Visit 11/26/2021
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.055(1)(a) Supervision Of Children Description: Based on record review and interview, staff A and staff B did not ensure that child #1 was within sight and sound to ensure safety and guide behavior on 11/09/2021 when child #1 was unaccounted for approximately 1-2 minutes when the child care workers and children went inside to their classroom.	The classroom teachers have Been provided additional Training on active supervision. They have developed picture Attendance book. They take Attendance with Face/Name Process during each transition. Teachers have implemented a Scan and count system in classroom, As well.	1/21/22 Action Plan & Training in place.	

Name - Certified Operator / Licensed Center Loo Head Start-Early Head Start		Provider Number / Facility ID Number 1000577891 / 002 - 1008964	
Address - Facility (Street, City, State, Zip Code) 8837 N Trepania Rd Hayward WI 548432211		Telephone Number 715-634-8560	Date - Regulation Visit 11/26/2021
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
2	<p>251.055(1)(f) Child Tracking Procedure</p> <p>Description: Based on record review and interview, staff A and staff B did not implement the center procedure of matching name to face utilizing the attendance roster at each transition to ensure the whereabouts of each child for children's safety when on 11/09/2021 child #1 was left unaccounted for approximately 1-2 minutes after all of the children and child care workers returned inside to their classroom.</p>	<p>Attendance Book is w/ teacher at all time. Picture/name attendance sheet is used. Attendance ✓ Scan/Count is a Face/To Name Procedure.</p>	1/21/22

NAME - Certification Worker / Licensing Specialist

Kim Pinchard

Date Issued

1/7/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed