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| Date Correction Plan Due<br>4/24/2024 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | TO FILE A COMPLAINT CALL<br>715-361-7700 |
|---------------------------------------|--|--|

**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.

| <b>Name - Certified Operator / Licensed Center</b><br>Lco Head Start-Early Head Start                |  | <b>Provider Number / Facility ID Number</b><br>1000577891 / 002 - 1008964   |  |                              |
|--|--|---|--|------------------------------|
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>8837 N Trepania Rd Hayward WI 548432211 |  | <b>Telephone Number</b><br>715-634-8560   | <b>Date - Regulation Visit</b><br>4/9/2024 |                              |
|  | <b>Rule/Statute Number<br/>Noncompliance Statement</b>   | <b>Correction Plan</b>  | <b>Expected<br/>Completion Date</b>        | <b>Verification<br/>Date</b> |
| 1  | 251.04(6)(a)8.a.<br><b>Child Record - Physical Exam - Under 2</b><br><br>Description: Child 1 did not have an updated health report on file.   | Health Manager attempted to obtain Physical several times through parent Contacts and phone calls. We will continue To work with the family, but are unable to exclude student, since we are a Head Start Program and Early Head Start Program. Continued attempts weekly will be made to family. | 5/14/2024                                  |                              |
| 2  | 251.09(1)(L)<br><b>Infant &amp; Toddler - Soft Materials In Cribs</b><br><br>Description: Blankets are being used for swaddling, there are mobiles on 2 of the cribs, and an infant was laid down wearing an over the head bib.<br><br>Repeat violation: Previously cited on 9/19/2022 | All infant rooms will attend additional training by May 15 2024. Mobiles will be removed by maintenance Staff after hours. New swaddle sacks will be ordered. Training refresher regarding no blankets, bibs, mobiles, or other soft materials in crib will be covered in SIDS session.           | 5/14/2024                                  |                              |

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| 3   | 251.09(4)(a)3.<br><b>Infant &amp; Toddler - Diaper Changing Surface Disinfection</b><br><br>Description: Not all staff are following the instructions on the label for the disinfectant being used on diaper changing surfaces. | Disinfectant wipes were ordered, with a wait time of only 1 minute was ordered from Dalco. Training to follow in our Next staff meeting, May 15, 2024.<br><br><i>New Product / Disinfectant delivered.</i> | <i>5/14/2024</i>                              |

NAME - Agency Worker  
Bonnie Davis

Date Issued  
4/10/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Barbara Baker*

Date Signed

*4/29/2024*