

Date Correction Plan Due 8/29/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

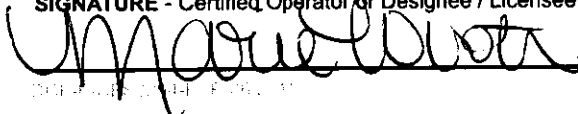
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Lco Child Care Center - Genawendaawasong		1000577891 / 004 - 2005596	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
8871 N Trepania Rd Hayward WI 548432211		715-558-7841	8/13/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.07(6)(i)6. Hand Washing Outdoors & On Field Trips Description: Children and staff in room 1 did not wash their hands with soap and running water after coming in from outside.	attached.	8/29/2024

NAME - Agency Worker
Bonnie Davis

Date Issued
8/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



8/29/2024

Genawendaawasong #2005596

Noncompliance Statement and Correction Plan

251.07 (6)(i)6:

Hand Washing Outdoors & On Field Trips

The correction plan for this noncompliance will be completed in the manner described below:

On 8/13/2024, management individually went into each one-year-old classroom and spoke to staff regarding when we wash hands and how to properly wash hands.

On 8/29/2024, an all-staff meeting was held to discuss the non-compliance with all staff and go over the personal cleanliness policy. A new DCF orientation was completed with all staff, and we went over DCF 251 policies and program policies and procedures.