

<b>Date Correction Plan Due</b> 11/28/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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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.

<b>Name - Certified Operator / Licensed Center</b> Washington Cty H.S-Jackson Area Community Center		<b>Provider Number / Facility ID Number</b> 7000589287 / 003 - 2005893		
<b>Address - Facility (Street, City, State, Zip Code)</b> N165w20330 Hickory Ln Jackson WI 530378993		<b>Telephone Number</b> 262-577-9665	<b>Date - Regulation Visit</b> 11/12/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Based upon review on November 12, 2024, individuals working with children under 5 years of age did not complete Abusive Head Trauma Prevention Training prior to beginning to work with children in care.	all classroom staff will complete this training prior to Dec. 31st.	12/31/24	
2	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Based upon review on November 12, 2024, individuals working with children in care did not have documentation of completing infant and child CPR in their staff files.	all classroom staff will complete this training prior to Dec. 31st.	12/31/24	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Washington Cty H.S-Jackson Area Community

7000589287 / 003 - 2005893

Center Address - Facility (Street, City, State, Zip Code)

N165w20330 Hickory Ln Jackson WI 530378993

Telephone Number

262-577-9665

Date - Regulation Visit

11/12/2024

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

NAME - Agency Worker

Jamie Brandt

Date Issued

11/14/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Jamie Mabson*

Date Signed

11/25/24