

Date Correction Plan Due 4/18/2025	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 Hayward Head Start		Provider Number / Facility ID Number 4000567424 / 005 - 1004296		
Address - Facility (Street, City, State, Zip Code) 10814 Beal Ave Hayward WI 548435419		Telephone Number 715-230-0737	Date - Regulation Visit 3/4/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(jm) Report - Prohibited Actions Description: The center failed to report prohibited actions by center staff within 24 hours of the incident.	<i>Staff responsible for reporting incidents, prohibited actions were retrained on reporting. A document was created which summarizes reporting requirements. ICAA procedures were renewed to assure reporting requirements are being followed.</i>	<i>3-4-25</i>	
2	251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: There was no documentation of a fire drill being completed in 2-2025.	<i>Facility emergency response forms were reviewed with staff. Staff were reminded when they run a drill it must be written down.</i>	<i>3-5-25</i>	

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3	251.07(2)(e)1. Prohibited Actions - Corporal Punishment Description: On 02/27/2025, Staff B as identified on the Staff and Child ID Key, forcefully grabbed a child by his arms, turned his body around, and carried the child by his waist under her arm. Repeat violation: Previously cited on 10/22/2024	Corporal punishment is never acceptable in our centers. All staff are trained in behavior management during multiple trainings. Staff in question was immediately removed from working with children and resigned.	3-4-25	
4	251.07(2)(e)3. Prohibited Actions - Physical Restraint, Restriction, Enclosure Description: Staff A, as identified on the Staff and Child ID Key, physically restrained Child 1 in her arms in a "bear hug" type restraint for approximately 20 minutes.	Physical restraint is not acceptable in our centers. All staff are trained in behavior management during multiple trainings. Staff has been terminated.	3-4-25	

NAME - Agency Worker
Bonnie Davis

Date Issued
4/4/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Wendy Meyer

Date Signed

4-7-25