

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

Date Correction Plan Due
5/14/2024

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 noncompliances. 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 Woods Hollow Children's Center		Provider Number / Facility ID Number 7000558197 / 001 - 120469	
Address - Facility (Street, City, State, Zip Code) 5470 Research Park Dr Fitchburg WI 537115369		Telephone Number 608-273-4433	Date - Regulation Visit 4/23/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	251.055(1)(a) Supervision Of Children Description: Each child was not supervised by a child care worker who is within the sight and sound of the children to guide the children's behavior and activities, prevent harm, and ensure safety when an 11-month-old was left outside, near the classroom door for approximately 4 minutes. The center self-reported the incident.	The teacher responsible for the child is no longer employed at the center. Supervision policy shared with all employees to review. Implementation of regular monitoring of transitions to ensure teachers know whereabouts of children in care at all times, to include regular name-to-face "roll call" allowing children to respond with each transition.	4/15/2024

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Woods Hollow Children's Center		7000558197 / 001 - 120469	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
5470 Research Park Dr Fitchburg WI 537115369		608-273-4433	4/23/2024
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
251.055(1)(f) Child Tracking Procedure	Description: The center did not adhere to a procedure to ensure that the number, names and whereabouts of children in care are known to assigned child care workers at all times when an 11-month-old child was left outside for approximately 4 minutes after the group transitioned to the classroom. The center self-reported the incident. Repeat violation: Previously cited on 4/28/2023, 10/25/2022	Teacher responsible for the child is no longer employed at the center. Tracking policy shared with all employees to review. Implementation of ongoing & regular monitoring of classrooms to ensure class lists are accurate, name-to-face tracking in addition to counting is completed at every transition	4/15/2024
			Verification Date

Date Issued
4/30/2024

Date Signed
4/30/2024

NAME - Agency Worker
Sara Bossingham O'Brien

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Mary M. Fitzgerald
DCF-F-GFSI (R.06/23)