

<b>Date Correction Plan Due</b> 1/30/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 920-785-7811
--	--	---

**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>		<b>Provider Number / Facility ID Number</b>		
Three Sisters Head Start		8000 60408 / 004 - 1007586		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
2801 W Mason St Green Bay WI 543135009		920-496-5201	1/8/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(2)(L)1.a. <b>Monitoring Results Posted</b>  Description: The center did not have the most recent non compliance statement posted at the center.  Repeat violation: Previously cited on 9/6/2023	Noncompliance statement with correction plan was posted on January 17 <sup>th</sup> , 2025	1/17/2025	
2	251.04(2)(L)1.b. <b>Department Notices Posted</b>  Description: The center did not have the most recent enforcement letter posted.	Enforcement Letter Posted January 17 <sup>th</sup> , 2025	1/17/2025	

<b>Name - Certified Operator / Licensed Center</b> Three Sisters Head Start		<b>Provider Number / Facility ID Number</b> 8000560408 / 004 - 1007586		
<b>Address - Facility (Street, City, State, Zip Code)</b> 2801 W Mason St Green Bay WI 543135009		<b>Telephone Number</b> 920-496-5201	<b>Date - Regulation Visit</b> 1/8/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
3	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff member C on the staff record checklist did not have documentation of completion of a staff physical in the files.  Repeat violation: Previously cited on 12/11/2024	Staff Member C went to Oneida Health Center to get Staff Health Report filled out and signed by their physician on January 28 <sup>th</sup> , 2025	2/27/2025	
4	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff member B on the staff record checklist did not have documentation of completion of the required biennial child abuse and neglect training.	Staff Member B completed child abuse and neglect on August 5 <sup>th</sup> , 2024. Put in file on 1/17/25	1/17/25	
5	251.06(4)(jm)1. <b>Fire Alarms &amp; Smoke Detectors - Drills</b>  Description: The center did not have documentation of a monthly fire drill at the center.	A fire drill was not practiced in November or December.  We have a new plan and practice to make sure a fire drill is conducted each and every month.	1/31/2025	
6	251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b>  Description: The centers medical log book in the Duration room did not have documentation of a 6 month review.	Medical log was reviewed by our Nurse Consultant on January 9 <sup>th</sup> , 2025.  A plan is in development for a monthly viewing.	1/17/2025	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Three Sisters Head Start

8000 60408 / 004 - 1007586

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

Telephone Number

Date - Regulation Visit

2801 W Mason St Green Bay WI 543135009

920-496-5201

1/8/2025

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

NAME - Agency Worker  
Jody Beyer

Date Issued  
1/16/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

1-17-25