

<b>Date Correction Plan Due</b> 1/17/2025	<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> 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> 12/11/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff member A did not have documentation of a completed staff physical in the file.	staff member C went to Oneida Health Center to get Staff Health Report filled out and signed by their physician on January 28th, 2025	2/27/25	
2	251.05(2)(a)8. <b>Staff Record - Orientation</b>  Description: Staff member A did not have documentation of an orientation in the file.	Orientation was completed on 10/8/23 with EHS Manager	10/8/23	

Name - Certified Operator / Licensed Center Three Sisters Head Start		Provider Number / Facility ID Number 8000560408 / 004 - 1007586		
Address - Facility (Street, City, State, Zip Code) 2801 W Mason St Green Bay WI 543135009		Telephone Number 920-496-5201	Date - Regulation Visit 12/11/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
3	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Staff member A did not have documentation of abusive head trauma prevention training in the file.	was completed on 2/14/2024 with WF Dept. Children and Families	2/14/2024	
4	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff member A did not have documentation of a current CPR training in the file.	CPR training was completed on 2/20/2024 @ NWTU	2/20/2024	
5	251.055(1)(a) <b>Supervision Of Children</b>  Description: The center self-reported that on December 5, 2024, a 3-year-old child was not supervised by a child care worker when the child was left on the bus for 5-10 minutes. The bus rider unbuckled the children and exited the bus. The bus driver found the child on the bus at the driver's next destination. The child was returned to the center by the bus driver.	We are in process of paying our violation. as a program we have introduced a more strict practice of bus monitoring and bus walk through to make sure this does not happen again!	1/17/2024	

Name - Certified Operator / Licensed Center Three Sisters Head Start		Provider Number / Facility ID Number 8000560408 / 004 - 1007586	
Address - Facility (Street, City, State, Zip Code) 2801 W Mason St Green Bay WI 543135009		Telephone Number 920-496-5201	Date - Regulation Visit 12/11/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6 251.08(7)(d) <b>Transportation- Procedure To Ensure Children Exit Vehicle</b>  Description: On December 5, 2024, the workers did not ensure that a 3-year-old child exited the bus at drop off. The workers did not know the child was missing from the group until all children had their outdoor gear off and were in the classroom.	as a program we have introduced a more strict practice of Bus monitoring and bus walk through to make sure this does not happen again! Bus Monitor will double walk through	1/17/2024	

NAME - Agency Worker  
Jody Beyer

Date Issued  
1/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

1-14-25