

Date Correction Plan Due 1/30/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Oneida Head Start		Provider Number / Facility ID Number 8000 60408 / 002 - 420164		
Address - Facility (Street, City, State, Zip Code) N7210 Seminary Rd Oneida WI 541559501		Telephone Number 920-496-5200	Date - Regulation Visit 1/8/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff member C on the staff record checklist did not have documentation of a staff physical in the files.	Staff Member C went to Oneida Health Center to get Staff Health Report filled out and signed by their physician on January 28 th , 2025	2/27/2025	
2	251.05(2)(a)4.a. Staff Record - Registry Certificate Description: Staff member C did not have documentation of a Registry certificate in the files. Repeat violation: Previously cited on 3/15/2024, 9/6/2023	Staff Member C put his WI Registry documentation in his staff file on January 17 th , 2025	2/27/2025	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff member A on the staff record checklist did not have documentation of a current CPR course. Repeat violation: Previously cited on 9/6/2023	Staff Member A completed child abuse and neglect on August 28th, 2024. Put in file on 1/23/25	2/27/2025	
4	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff member A on the staff record checklist did not have documentation of completion of the required biannual child abuse and neglect training. Repeat violation: Previously cited on 9/6/2023	Staff Member A completed child abuse and neglect on August 1st, 2024. Put in file on January 24 th , 2025	2/27/2025	
5	251.06(3)(b)2. Emergencies - Practice Written Plans Description: The center did not have documentation of completion of a fire drill for November or December 2024.	We conducted a fire drill January 17 th , 2025. We met with the Oneida High school to agree on conducting a monthly fire drill with the school jointly each month.	2/27/2025	

6	251.07(6)(dm)4. Medical Log - Reviewing Injury Records	Medical log was reviewed by our Nurse Consultant on January 9 th , 2025 for all classrooms. A plan is in development for a monthly viewing.	2/27/2025	
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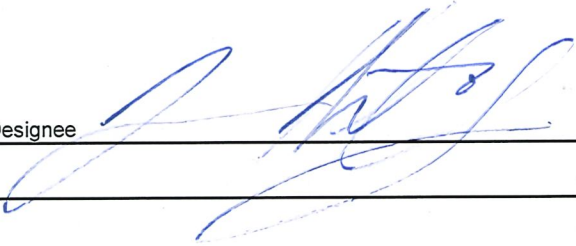
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Jody Beyer

Date Issued
1/16/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

1-17-25