

Date Correction Plan Due 1/12/2026	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 8000560408 / 002 - 420164		
Address - Facility (Street, City, State, Zip Code) N7210 Seminary Rd Oneida WI 541559501		Telephone Number 920-496-5200	Date - Regulation Visit 12/15/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(e)4.d. Center Director / Large Center - Entry-Level Training Description: The Director did not have documentation of completion of the training requirements to be a center director for a capacity of 51 or more. Repeat violation: Previously cited on 3/15/2024	<i>Correct position Designation and Correct Delegation of Authority. Will make Corrections and get Approval from Lincensee.</i>	<i>1/31/2026</i>	
2	251.06(2)(b) Electrical Or Hot Surface Protection Description: Outlets accessible to children failed to be covered- open outlets on surge protector.	<i>outlets were cover the day of visit on December 15th.</i>	<i>1/1/2026</i>	

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3 251.06(3)(b)2. Emergencies - Practice Written Plans Description: Monthly emergency plans failed to be practice as required. Tornado for September and October 2025 and Fire for October 2025. Repeat violation: Previously cited on 1/8/2025	to practice emergency drills monthly. no fire drill in October because Lead Maintenance supervisor was out of office due to medical leave.	by 12/31/2025 (completed 12/17/25)	
4 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Medical logs failed to be documented as reviewed with staff at 6 month intervals. Last documented review was 6/10/25. Repeat violation: Previously cited on 1/8/2025	Have the medical logs viewed monthly. Logs were viewed and approved by Nurse Consultant on December 31st, 2025	1/5/2026	

NAME - Agency Worker
Ruth Sprangers

Date Issued
12/29/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

1-9-26
Date Signed