

Date Correction Plan Due 10/6/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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		Provider Number / Facility ID Number	
Polk County Head Start		6000577816 / 014 - 1012221	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
400 Polk County Plz Balsam Lake WI 548109104		715-485-3413	9/11/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.05(2)(a)3.a. Staff Record - Physical Examination Description: The file for Staff C did not contain documentation of a physical examination report completed within 12 months before or within 30 days after beginning work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children.</p>	<p>Staff C has an appointment on October 3rd to complete her health physical.</p>	<p>10/3/25</p>	
<p>2 251.05(2)(a)4.d. Staff Record - Educational Qualifications Description: There was no documentation in the file for Staff B showing that she completed the educational requirements for a teacher prior to assuming the teacher position.</p>	<p>Staff has submitted their diploma to Central office</p>	<p>9/24/25</p>	

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3	<p>251.05(2)(a)5. Staff Record - High School Diploma Description: Staff B, a teacher, did not have documentation of a high school diploma or its equivalent in her staff record file.</p>	<p>Wisconsin registry Certificate verifies her completed high School diploma.</p>	<p>9/24/25</p>

NAME - Agency Worker
 Sou Yang, Amelia Gruber

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Amelia Gruber

Date Issued
 9/22/2025

Date Signed
 9/24/25