

Date Correction Plan Due 10/1/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
--	--	---

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		
Cesa 11 Barron Head Start		6000577816 / 021 - 2004611		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
808 E Woodland Ave Barron WI 548121759		715-537-5621	9/11/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Documentation of completion of Abusive Head Trauma (AHT) training was not observed in the file for staff B. AHT training is required to be completed before a child care worker begins to work with children under age 5.	<i>upload certificate</i>	<i>9/19</i>	
2	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A was missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.	<i>Found training in ChildPlus.</i>	<i>9/19</i>	

Name - Certified Operator / Licensed Center Cesa 11 Barron Head Start		Provider Number / Facility ID Number 6000577816 / 021 - 2004611	
Address - Facility (Street, City, State, Zip Code) 808 E Woodland Ave Barron WI 548121759		Telephone Number 715-537-5621	Date - Regulation Visit 9/11/2025
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
Noncompliance Statement			

NAME - Agency Worker
Amelia Gruber, Sou Yang

Date Issued
9/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Opal Samson

Date Signed

9/19/25