

Date Correction Plan Due	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		Provider Number / Facility ID Number		
Sheboygan Co Headstart-Lakeshore		1000578961 / 001 - 420699		
Address - Facility (Street, City, State, Zip Code) 1429 N 5Th St Sheboygan WI 53081		Telephone Number 920-458-1154	Date - Regulation Visit 11/22/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)4.a. Staff Record - Registry Certificate</p> <p>Description: Based upon record review, staff E, did not have a certificate from The Registry documenting that the person has met the educational qualifications for the position held on file.</p>	<p>Staff E will provide an updated certificate when it is processed and completed by the Registry.</p>	1/2/2025	
2	<p>251.05(2)(a)8. Staff Record - Orientation</p> <p>Description: Based upon record review, Staff C did not have documentation of a completed orientation on file.</p>	<p>The orientation form is now in the staff file for Staff C.</p>	12/4/2024	

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3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Based upon record review, Staff C did not have documentation of a completed Cardiopulmonary Resuscitation Training on file	Staff C will provide a current CPR certificate upon completion.	12/12/2024
			Verification Date

NAME - Agency Worker
Amanda Holz

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Amyla Buerme

12/4/2024