

Date Correction Plan Due 2/16/2022	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Wood County Head Start-Wr Biron		Provider Number / Facility ID Number 7000577847 / 009 - 1013542	
Address - Facility (Street, City, State, Zip Code) 550 Center St Wisc Rapids WI 544941815		Telephone Number 715-213-6729	Date - Regulation Visit 2/16/2022
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)2. Staff Record - Completed Background Check Description: FBI Fingerprinting missing for 1 individual	Due- 3/2/2022 see attached	
			Verification Date

NAME - Certification Worker / Licensing Specialist
Dhanya Rajan

Date Issued
2/16/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

3/1/22



WOOD COUNTY HEAD START®, INC.

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March 1st, 2022

WCHS was under the understanding that background checks automatically renewed. We are unclear on why this particular staffs did not. After speaking with our Licensing Specialist, she advised that we contact the background check unit as she was unclear on this noncompliance as well.

When speaking with the background check unit, they indicated that I turned off the mailing options for notices to only be sent electronically.

I had the background check unit staff walk me through turning the mailing option back on as WCHS had NOT opted out of mailings previously. This will ensure that in the future any notices of fingerprinting will not be missed.

This was corrected on 2/24/2022 as this staff member was re-fingerprinted and passed the background check.