INSTRUCTIONS FOR COMPLETING THE CORRECTION PLAN SECTION OF THE NONCOMPLIANCE STATEMENT AND CORRECTION PLAN (DCF-F-CFS294)

I have attached the Noncompliance Statement and Correction Plan (DCF-F-CFS294) dated October 06, 2026 . Please complete this form as follows:

1. In the column titled "Correction Plan," indicate how you intend to correct each noncompliance listed on the form and outline the steps you will take to prevent future violation of the same rule. If you need more space than is provided on the form, attach additional pages and identify the item number to which the correction plan is related. Because completed and approved correction plans will be scanned and linked to the Regulated Child Care and YoungStar Public Search internet site, which shows each provider's violations, please note the following when writing your correction plan:
   - Do not include confidential information, including the names of children and staff.
   - Write in concise, plain English.
   - Be specific when describing what you have done or intend to do to correct each violation. Non-specific statements such as "It will be fixed", "Done", "Will do", "Don't agree" or "This won't happen again" do not provide the reader with any understanding of how the violation has been corrected or how you plan to prevent the violation from occurring again.
   - Be objective, factual and descriptive. The plan should not include derogatory comments, profanity or subjective observations, such as "The licensing specialist doesn't like me."

2. For each noncompliance, enter the date (month, day, year) by which you expect the correction plan to be completed.

3. Sign and date the form. Retain a copy for your records.

4. **Return the completed and signed form to the department by the due date that appears at the top left of the form via:**
   - **Email:** AmyE.Anderson@wisconsin.gov **or**
   - **Fax:** (608) 422-6766 **or**
   - **Mail:** DEPARTMENT OF CHILDREN AND FAMILIES
     BUREAU OF EARLY CARE REGULATION
     SOUTHERN REGION
     PO BOX 8947

     MADISON, WI 537088947

If the correction plan and the completion dates are acceptable, the form will be linked to the Regulated Child Care and YoungStar Public Search internet site. If the correction plan or the expected completion dates are not acceptable, you will be contacted in writing or by telephone.

You are required to post a copy of the Noncompliance Statement and Correction Plan (DCF-F-CFS294) in a conspicuous area near the license so that it is visible to parents. This copy must remain posted until all noncompliances have been verified as corrected and the next DCF-F-CFS294 or DCF-F-CFS785 (Compliance Statement) has been issued. Note: If applicable, do not post the Staff and Child Identification Key. The information on the key is confidential and is meant for your reference only.

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your feedback: https://www.surveymonkey.com/r/LicenseFeedback. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope.

Contact me if you have any questions.

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/20/2026		608-422-6765

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
Baraboo Head Start Center	8000577858 / 016 - 1012153

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1531 Lake St Baraboo WI 539133079	608-742-5329	9/28/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.08(4)(c)1. **Driver Record - Obtain & Review** Description: On the date of the licensing visit, the center's driver did not have an annual driving record completed within the previous twelve months.	Renewal is currently setting up the ACH payment requirement to access Driver Records through PARS. As soon as this is set-up and approved, driver records will be downloaded, reviewed, and then placed in each Driver's file.	November 12, 2026	

NAME - Agency Worker
Amy Anderson

Date Issued
10/6/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Suzanne M. Hoppe

Date Signed
10\21\2026