

Date Correction Plan Due 2/13/2025	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 Ho-Chunk Gra Head Start Ctr		Provider Number / Facility ID Number 1000556721 / 005 - 520030		
Address - Facility (Street, City, State, Zip Code) W8802 Mission Rd Blk River Fls WI 546156412		Telephone Number 715-284-2311	Date - Regulation Visit 11/26/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: The file for Staff E did not contain documentation of a physical examination report that indicated the staff was physically able to work with young children.	<i>This had been completed on the dates noted, however the clinic had not provided the documents. It is on file for your review.</i>	<i>8/26/24 8/27/24</i>	
2	251.05(2)(b) Staff Record - Contracted Staff, Student Teachers Description: A licensee shall maintain a file on each contracted adult who works at the center and is compensated for their work from a source other than the center. Staff D, a contracted employee, did not have a file with the required elements for review on the day of the monitoring visit.	<i>Staff D has an envelope marked confidential in her file that was provided to us for licensing review. This was provided to us after the last licensing visit when it was noted.</i>		

Received
State of Wisconsin
FEB 11 2025
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3	251.08(4)(c)1. Driver Record - Obtain & Review Description: There was no documentation that an annual driving record had been obtained and reviewed for Staff C.	<i>the driving records were ordered 9/14/24, and for whatever reason they took months to arrive. This was emailed to licensing upon receipt. It was also forwarded to the center for the file.</i>	<i>1/29/25</i>

NAME - Agency Worker
Jennifer Stubbe

Date Issued
1/30/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Jennifer Stubbe

2/10/25