

Date Correction Plan Due 5/22/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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.

<b>Name - Certified Operator / Licensed Center</b> Blair Head Start Center		<b>Provider Number / Facility ID Number</b> 9000577929 / 006 - 520366	
<b>Address - Facility (Street, City, State, Zip Code)</b> N31024 Elland Rd Blair WI 54616		<b>Telephone Number</b> 715-985-2391	<b>Date - Regulation Visit</b> 4/24/2024
	Received State of Wisconsin  MAY 09 2024  DCF DECE BECR WRO	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	<b>Rule/Statute Number</b> 251.07(6)(f)6. <b>Noncompliance Statement</b> Current Authorizations For Medications On Premises  Description: The center did not have a current parent authorization form for one child's prescription medication. A current medical authorization from the parent is required when medication is kept on the daycare premises.	The center manager contacted the parent to update the authorization form. Since the child hasn't needed to use the medication in over the year, the medication was given back to the parent. The Center Manager will double check to make sure the parent authorization form is up-to-date.	4/24/2024
<b>Verification Date</b>			

<b>NAME - Agency Worker</b> Jennifer Stubbe	<b>Date Issued</b> 5/8/2024
<b>SIGNATURE - Certified Operator or Designee / Licensee or Designee</b> 	<b>Date Signed</b> 5/9/2024