

Date Correction Plan Due 10/18/2024	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.

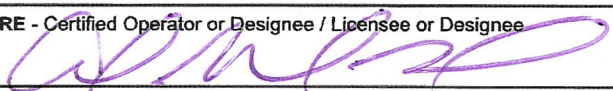
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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 Advocap Head Start - Prairie View		Provider Number / Facility ID Number 2000577932 / 001 - 420709		
Address - Facility (Street, City, State, Zip Code) W0911 St Hwy 44 Box 313 Markesan WI 539460313		Telephone Number 920-398-3907	Date - Regulation Visit 9/24/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>Description: Based upon review on September 24, 2024, Staff Member C and D of the Staff Record Checklist did not have a physical examination report that indicated the person was free from illnesses detrimental to children and that the person was physically able to work with young children.</p>	<p>Per 251.05(2)(a)3.a physicals have to indicate the person was free from illness detrimental to children and be physically able to work with young children. ADVOCAP Head Start will use DCF-F-CFS0054(R. 10/19) for all staff physicals. ADVOCAP Administrative Assistant will notify staff when physical is due and forward form DCF-F-CFS0054(R. 10/19) to the staff member to take to the clinic when they schedule their staff physicals. Staff member will inform the clinic that this is the form they have to use and send to ADVOCAP Human Resources.</p>	10/17/24	

NAME - Agency Worker
Jamie Brandt

Date Issued
10/4/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10-17-24