

Date Correction Plan Due 11/20/2025	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 Inc. Head Start Academy	Provider Number / Facility ID Number 2000577932 / 010 - 2006620
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Address - Facility (Street, City, State, Zip Code) 678 Western Ave Fond Du Lac WI 549353821	Telephone Number 920-579-3403	Date - Regulation Visit 11/5/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(dm)2. Medical Log - Pages & Entries Description: Room 7 failed to enter two incident reports regarding children falling while in the classroom into the medical log book from September and October 2025.	To ensure ongoing accuracy and compliance with medical log documentation, the following corrective actions have been implemented: <ol style="list-style-type: none"> 1. Monthly Review by Center Operations Manager: The Center Operations Manager will conduct a monthly audit of the medical logbook to verify that all entries are complete, accurate, and documented according to licensing requirements. 2. Quarterly Monitoring by Health Services Manager: The Health Services Manager will perform a quarterly review of all medical logbooks to provide an additional layer of oversight and ensure that monthly monitoring procedures are being followed consistently. 	11/20/2025	

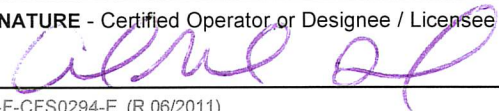
3. Revised Accident/Incident Form:

The Accident/Incident Form has been updated to include a checkbox and staff initials confirming that the incident has been entered into the medical log book. This step reinforces accountability and ensures that staff complete the required documentation at the time of the event.

NAME - Agency Worker
Amie Bodart

Date Issued
11/6/2025

SIGNATURE - Certified Operator, or Designee / Licensee or Designee



Date Signed
11-18-25