

<b>Date Correction Plan Due</b> 2/21/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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> Spooner Head Start		<b>Provider Number / Facility ID Number</b> 4000567424 / 004 - 1006316		
<b>Address - Facility (Street, City, State, Zip Code)</b> 851 Northland Dr Spooner WI 548015431		<b>Telephone Number</b> 715-220-0456	<b>Date - Regulation Visit</b> 2/3/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.06(2)(g) <b>Stairs, Walks, Ramps, Porches - Safety</b>  Description: Stairs, walks, ramps and porches were not free from accumulation of snow.	I will ensure this is done, I will check it all over before plow company leaves.	2-3-25	
2	251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: The parent authorization form for prescription medication must include start and end dates for the length of the authorization that do not exceed the time specified on the label of the medication. One child's written authorization for medication that was on the premises was missing start and end dates for the length of the authorization and specific directions on the use of the medication.	Will make sure our procedure is followed and I will check all forms to make sure they are completed entirely.	2-3-25	

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Spoooner Head Start		4000567424 / 004 - 1006316	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
851 Northland Dr Spooner WI 548015431		715-220-0456	2/3/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date
3	251.09(1)(b) <b>Infant &amp; Toddler - Location &amp; Sharing Intake Information</b>  Description: Rule states that admission information for an infant or toddler shall be on file in the room or area to which the child is assigned. Four children were missing an intake form in the room or area in which the child was being cared for on the day of the monitoring visit.	I will ensure these forms are kept in the classrooms until the children turn two.	2-3-25
4	251.09(1)(c) <b>Infant &amp; Toddler - Documenting Changes In Development</b>  Description: An Intake for Children Under 2 form for Child #5 was missing documentation of having been updated every three months to reflect changes in the child's development and routines based on discussion with the parent.	I will make sure that these forms are done every three months.	2-3-25

**NAME** - Agency Worker  
Wendy Badzinski, April Callihan

Date Issued  
2/7/2025

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee

Date Signed

2-10-25