

Date Correction Plan Due 5/20/2019	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)(l) 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 Sparta Head Start Center		Provider Number / Facility ID Number 0000577800 / 005 - 520172		
Address - Facility (Street, City, State, Zip Code) 2111 W Wisconsin St Sparta WI 546563301		Telephone Number 608-269-8297	Date - Regulation Visit 4/30/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(5)(a)4. Staff File - Physical Examination Report Description: Two staff did not have documentation of a health exam and TB test on file within 30 days.	Both Staff members have their health exam and TB test on file @ this time.	6.15.21	
2	251.05(2)(c)1. Continuing Education Requirement - Full Time Staff Description: The documentation of continuing education was not organized in a way that the licensing specialist was able to determine if the required hours of continuing education had been completed.	The information was organized for the H.S. agency and is in a manner acceptable for the program. (RE: CEU Hours) Since then, we revamped our system.	6.11.21	



NAME - Certification Worker / Licensing Specialist Rita Miller	Date Issued 5/6/2019
SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Rita Miller</i>	Date Signed 6.15.21