

Date Correction Plan Due 11/28/2023	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Wood County Head Start-Mfld Center		Provider Number / Facility ID Number 7000577847 / 008 - 1013541		
Address - Facility (Street, City, State, Zip Code) 410 W Mcmillan St Marshfield WI 544496015		Telephone Number 715-384-3552	Date - Regulation Visit 11/1/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(dm)3.c Medical Log - Medication Administration Description: Medication administered to Child 1 was not documented in the medical log book.	See Attached	November 6th, 2023	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: *Infant Pain and Fever medication authorization was not signed or dated by the parent. *Infant Pain and Fever medication was authorized for a 6-month time period as needed, exceeding the length of time specified on the medication label.	See attached	November 6th, 2023	

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3	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: Tylenol on-site was not labeled with a child's name.	See attached	November 6th, 2023
4	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: There was no current authorization on file to administer Camilia liquid drops stored in the infant room.	See attached	November 6th, 2023

NAME - Agency Worker
Kelly Iverson

Date Issued
11/14/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11-28-23



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Correction Plan

The education staff in the non-compliant classrooms were retrained by the Health Manager and the Infant Toddler Manager on the following

1. General overview of Health-Medication requirements, policies and procedures.
2. Medical Log-Medication Administration
3. Medication Administration-Parent Authorization
4. Medication Administration-Containers & Labeling
5. Current Authorization for Medications on Premises

In-house random monitoring will be increased in all classrooms.