

Date Correction Plan Due 5/20/2024	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 5/3/2024											
	<table border="1"> <thead> <tr> <th data-bbox="163 730 262 787"></th> <th data-bbox="262 730 976 787"> Rule/Statute Number Noncompliance Statement </th> </tr> </thead> <tbody> <tr> <td data-bbox="163 787 262 1047" style="text-align: center;">1</td> <td data-bbox="262 787 976 1047"> 251.04(6)(a)6m. Child Record - Immunization History Description: Child 5 does not have documentation of immunization history in their file. </td> </tr> </tbody> </table>		Rule/Statute Number Noncompliance Statement	1	251.04(6)(a)6m. Child Record - Immunization History Description: Child 5 does not have documentation of immunization history in their file.	<table border="1"> <thead> <tr> <th data-bbox="976 730 1512 787"> Correction Plan </th> </tr> </thead> <tbody> <tr> <td data-bbox="976 787 1512 1047"> The Family Services Manager will conduct file checks at each center on a regular basis to ensure that all required documents are on file and completed correctly. DCL forms are to be in the file's section labeled "Daycare Licensing". The FS Manager and Health Manager will also track and monitor children's immunization schedules in COPA. FSW's will know when children should get immunizations at an upcoming well-child visit and can inform parents. </td> </tr> </tbody> </table>	Correction Plan	The Family Services Manager will conduct file checks at each center on a regular basis to ensure that all required documents are on file and completed correctly. DCL forms are to be in the file's section labeled "Daycare Licensing". The FS Manager and Health Manager will also track and monitor children's immunization schedules in COPA. FSW's will know when children should get immunizations at an upcoming well-child visit and can inform parents.	<table border="1"> <thead> <tr> <th data-bbox="1512 730 1759 787"> Expected Completion Date </th> </tr> </thead> <tbody> <tr> <td data-bbox="1512 787 1759 1047" style="text-align: center;"> May 31st, 2024 </td> </tr> </tbody> </table>	Expected Completion Date	May 31st, 2024	<table border="1"> <thead> <tr> <th data-bbox="1759 730 1967 787"> Verification Date </th> </tr> </thead> <tbody> <tr> <td data-bbox="1759 787 1967 1047"></td> </tr> </tbody> </table>	Verification Date	
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NAME - Agency Worker
Tiisha Harrell, Bonnie Davis

Date Issued
5/6/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

5/20/24