

Date Correction Plan Due 5/27/2025	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-Mfid 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 4/14/2025		
	Rule/Statute Number Noncompliance Statement	Correction Plan	<table border="1"> <tr> <td data-bbox="1516 711 1759 776"> Expected Completion Date </td> <td data-bbox="1759 711 1967 776"> Verification Date </td> </tr> </table>	Expected Completion Date	Verification Date
Expected Completion Date	Verification Date				
1	251.07(6)(i)2. Adult Handwashing Description: Staff in the Infant Classroom used hand sanitizer to wash their hands instead of soap and water after wiping a child's nose.	<ul style="list-style-type: none"> We retrained all staff on hand washing requirements. We removed hand sanitizers from all classrooms and teacher's offices. We will increase monitoring of hand-washing and related procedures in all classrooms 	<table border="1"> <tr> <td data-bbox="1516 776 1759 1027">5/21/2025</td> <td data-bbox="1759 776 1967 1027"></td> </tr> </table>	5/21/2025	
5/21/2025					

NAME - Agency Worker Heather Struck	Date Issued 5/12/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 4-21-25