

<b>Date Correction Plan Due</b> 4/15/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-381-7700
--	--	---

**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> Wood County Head Start-Wr Biron		<b>Provider Number / Facility ID Number</b> 7000577847 / 009 - 1013542	
<b>Address - Facility (Street, City, State, Zip Code)</b> 550 Center St Wisc Rapids WI 544941815		<b>Telephone Number</b> 715-421-2066	<b>Date - Regulation Visit</b> 3/31/2026
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.06(10)(h) <b>Toilets &amp; Sinks - Water Temperature</b>  Description: The hot water in the handwashing sink in Room 102 was 136 degrees.	See attached	May 13th, 2026

<b>NAME - Agency Worker</b> Dezarae Wierzba	<b>Date Issued</b> 4/1/2026
--	--------------------------------

<b>SIGNATURE - Certified Operator or Designee / Licensee or Designee</b> 	<b>Date Signed</b> 4-15-2026
---	---------------------------------

Wood County Head Start (WCHS) staff took the temperature of the water at the sink in question 11 times between April 8, 2026 and April 14, 2026. The highest temperature measured was 114 degrees on two occasions. The water heater is located in a crawl space above and to the right of the sink. If our maintenance staff is able access the water heater and lower the temperature about 2 degrees she will do that. If she is unable to access the water heater safely we will have a plumber do it the next time one is in the building. We will continue to monitor and record the water temperature.