

Date Correction Plan Due 12/26/2023	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-Wr Biron		Provider Number / Facility ID Number 7000577847 / 009 - 1013542		
Address - Facility (Street, City, State, Zip Code) 550 Center St Wisc Rapids WI 544941815		Telephone Number 715-213-6729	Date - Regulation Visit 12/7/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Infant Pain and Fever medication was authorized for a 1-year time period as needed, exceeding the length of time specified on the medication label.	The classroom staff was made aware of the correct procedure after the licensing visit. The classroom staff will complete a formal re-training session after the holiday break. In-house random monitoring will be increased.	Completion date: Jan. 10 2024	

NAME - Agency Worker
Tiisha Harrell, Kelly Iverson

Date Issued
12/12/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee


Date Signed
12/21/23