

Date Correction Plan Due 11/15/2024	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 Kathleen M Czech Head Start Center		Provider Number / Facility ID Number 8000577928 / 001 - 1005851	
Address - Facility (Street, City, State, Zip Code) 607 13Th St Mosinee WI 544551008		Telephone Number 715-693-4003	Date - Regulation Visit 10/17/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child 1 did not have record of immunizations on file.	This child moved from out of state. We received doctor info and faxed them requesting immunization record. In the meantime, parent signed a waiver as parent says child is up to date and we're waiting on doctor.	Nov. 8, 2024
2	251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: Emergency drills for September 2024 were not documented.	Fire and Tornado drills are added to the monthly safety checklist that is completed by the teacher each month to help in remembering to document the times and have them posted.	Nov. 4, 2024
3	251.06(9)(c)4. Canned Food Description: Dented cans of food were observed in the kitchen.	Kitchen was cleaned out and staff were reminded to inspect food before placing in the cupboard. We also called our Pick n Save grocery store to remind them we are not able to serve food from dented cans, so they need to be sure	Nov. 4, 2024

to give us undented cans when we are ordering for pick up.

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4	251.06(9)(d)2.a. Food Storage - Dry Food Description: Dry food goods were not stored with zip-type closures or metal, glass or food grade plastic containers with tight-fitting covers and labeled.	Teaching Assistants and Kitchen Staff were reminded that opened dry goods need to be in a sealed zip-type closure. A new stock of zip lock bags can be found in the kitchen.	11-4-24

NAME - Agency Worker
Heather Struck

Date Issued
10/31/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Andrea Velasquez

Date Signed

11-4-24