

Date Correction Plan Due 2/13/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
---------------------------------------	--	--

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 Puzaki Pei Cinak Head Start		Provider Number / Facility ID Number 1000556721 / 004 - 520068	
Address - Facility (Street, City, State, Zip Code) N7293 Low Cloud Rd Blk River Fls WI 546155441		Telephone Number 715-284-3331	Date - Regulation Visit 11/14/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(5)(a)5. Child Record - Alternate Arrival / Release Agreement</p> <p>Description: A written agreement, signed by parents, outlining the plan for child #6 to come to the childcare center from school, home or other activities and/or to go from the childcare center to school, home or other activities was not observed in the child's file.</p>	<p><i>please see the attached dated 5/21/24</i></p>	<p><i>5/21/24</i></p>	
<p>2 251.05(2)(a) Staff Record - Maintenance & Availability</p> <p>Description: The licensee shall maintain a file on each employee which is available for examination by the licensing representative at the center. There were no files available for review for staff D or staff E during the licensing visit.</p>	<p><i>Staff files are complete & in place - there was a transition time that involved moving files from one center to the other & printing out and making the file for the other staff. During the transition time, the center was short of staff to lead to filing.</i></p>	<p><i>11/19/2024</i></p>	

Received
State of Wisconsin
FEB 11 2025
DCF DECE BECR
WRO

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Puzaki Pei Cinak Head Start		1000556721 / 004 - 520068	
Address - Facility (Street, City, State, Zip Code) N7293 Low Cloud Rd Blk River Fls WI 546155441		Telephone Number 715-284-3331	Date - Regulation Visit 11/14/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.06(3)(b)2. Emergencies - Practice Written Plans Description: The center did not practice a tornado drill in October 2024. Rule requires the center to practice the monthly emergency drill for tornados every month April through October.	<i>The center does monthly fire & tornado drills but neglected to record the October 2/10/25 drill. w/ a full staff & they have reassured this oversight will not re-occur.</i>		
4 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: An inspection of the medical log book revealed the log hasn't been reviewed every 6 months as required by rule.	<i>A plan is in place to review & sign this med log every 6 months. This was corrected 2/10/25 & the staff person doing this is assigned & aware of the plan.</i>		
5 251.08(4)(b) Driver Orientation - Requirement Description: There was no documentation that Staff C had received the required annual licensing driver training.	<i>Staff C had this training in August through Head Start & also in September w/ the Ho Chunk Health department sensory prevention program). Please see attached.</i>	<i>8/21/24 & 9/27/24</i>	
6 251.08(4)(c)1. Driver Record - Obtain & Review Description: There was no documentation that an annual driving record had been obtained and reviewed for Staff C.	<i>The driving records were ordered 9/17/24, and for whatever reason they took months to arrive. This was emailed to licensing upon receipt. It was also forwarded to the center for the file.</i>	<i>1/29/25</i>	

Name - Certified Operator / Licensed Center Puzaki Pei Cinak Head Start		Provider Number / Facility ID Number 1000556721 / 004 - 520068	
Address - Facility (Street, City, State, Zip Code) N7293 Low Cloud Rd Blk River Fls WI 546155441		Telephone Number 715-284-3331	Date - Regulation Visit 11/14/2024
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
Noncompliance Statement			

NAME - Agency Worker
Jennifer Stubbe

Date Issued
1/30/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Jennifer Stubbe

2/10/2025