

Date Correction Plan Due 6/6/2025	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 Ahuco Head Start Center		Provider Number / Facility ID Number 1000556721 / 003 - 520372	
Address - Facility (Street, City, State, Zip Code) 321 Epoch Rd Tomah WI 54660		Telephone Number 608-372-6669	Date - Regulation Visit 5/7/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	<p>251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>Description: The file for Staff D did not contain documentation of a physical examination report completed within 12 months before or within 30 days after beginning work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children.</p> <p>Repeat violation: Previously cited on 4/18/2024, 5/10/2023</p>	<p><i>This physical examination was completed as the bill for said examination was received by the program. The center director will ensure this is obtained (the documentation) and placed in the file.</i></p>	<p><i>11/06/2024</i></p>
2	<p>251.05(3)(b) Abusive Head Trauma Prevention Training</p> <p>Description: Documentation of completion of Abusive Head Trauma (AHT) training was not observed in the file for staff D. AHT training is required to be completed before a child care worker begins to work with children under age 5.</p>	<p><i>This training link was provided to the center for this employee's completion. The center director will locate & file documentation here of.</i></p>	<p><i>11/07/2024</i></p>

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Ahuco Head Start Center		1000556721 / 003 - 520372		
Address - Facility (Street, City, State, Zip Code) 321 Epoch Rd Tomah WI 54660		Telephone Number 608-372-6669	Date - Regulation Visit 5/7/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A was missing documentation of having maintained a current certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department.	<i>Please see the attached confidential response.</i>	<i>8/19/25</i>	
4	251.05(3)(g)2. Assistant Child Care Teacher - Qualifications Description: An assistant teacher is required to complete entry level training within 6 months of the hired date. There was no documentation of completion of a non-credit department-approved course or a credit course in early childhood education for Staff D, who has been employed at the center for longer than 6 months.	<i>Staff D is not an assistant teacher, and was not hired as such.</i>		
5	251.05(3)(gr)3.a. Meal Prep Personnel - Training Description: Staff C did not complete and document at least 4 hours of training in kitchen sanitation, food handling or nutrition prior to beginning work as a meal preparation personnel as is required by rule. Repeat violation: Previously cited on 4/18/2024	<i>Food safety and sanitation training is provided to all staff @ the August pre-service training and staff C was present for the training. Certificates were provided & will be filed appropriately.</i>	<i>8/20/2024</i>	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Ahuco Head Start Center		1000556721 / 003 - 520372	
Address - Facility (Street, City, State, Zip Code) 321 Epoch Rd Tomah WI 54660		Telephone Number 608-372-6669	Date - Regulation Visit 5/7/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6 251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: There was no documentation of the fire drill that was practiced in April 2025. The center is required to keep written records of dates and times of all the required evacuation and emergency drills.	<i>The center staff are aware that all drills need to be documented. Reminders will be given</i>	6/5/25	
7 251.07(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. Repeat violation: Previously cited on 4/18/2024	<i>Each center assigned a staff person to this task - a reminder will be provided that this needs to be completed by the assigned staff person.</i>	6/5/25	
8 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: The parent authorization form for prescription medication must include start and end dates for the length of the authorization that do not exceed the time specified on the label of the medication. Two children's written authorization for medication that was on the premises was missing start and end dates for the length of the authorization. In addition, one of the medications had expired in April 2024.	<i>Parents will be notified of the expired medication so that it can be removed and current meds supplied to replace the expired medication. Parent authorization forms will be updated w/ the missing information & will ensure going forward that all information is recorded accurately.</i>	6/5/25	

NAME - Agency Worker
Jennifer Stubbe

Date Issued
5/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Sharon Siskel Smith

Date Signed

6/2/25