

<b>Date Correction Plan Due</b> 6/24/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-930-1148
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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.

<b>Name - Certified Operator / Licensed Center</b> Ahuco Head Start Center		<b>Provider Number / Facility ID Number</b> 1000556721 / 003 - 520372	
<b>Address - Facility (Street, City, State, Zip Code)</b> 321 Epoch Rd Tomah WI 54660		<b>Telephone Number</b> 608-372-6669	<b>Date - Regulation Visit</b> 5/21/2026
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b> <b>Verification Date</b>
1	251.07(6)(dm)3.c <b>Medical Log - Medication Administration</b>  Description: Medication administered to a child was not recorded in the medical log book as is required by rule.	All staff will be reminded @ the Aug 18 <sup>th</sup> 19 Pre service training that the medical log will reflect the name of the child, medication type, dosage, time & date of each medication administered to a child. The staff person administering the medication will initial the entry in the medical log.	8/19/2024
2	251.07(6)(dm)4. <b>Medical Log - Reviewing Injury Records</b>  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 5/7/2025	All staff will be reminded of this rule @ the August Pre-Service training & will designate the reviewer for the year also @ that time.	8/19/2024

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3	251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  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. One child's written authorization for medication was missing start and end dates for the length of the authorization.  Repeat violation: Previously cited on 5/7/2025	A Review of proper completion of medication administration - parent Authorization forms will occur prior to the start up of the 26/27 School Year to ensure that any such forms are accurate & up to date for the school year or the expiration of the medication date.	Aug 24, 2026

**NAME - Agency Worker**  
Jennifer Stubbe, Brandon Drost

**Date Issued**  
6/10/2026

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Shirley Sackel*

**Date Signed**  
6/17/2026