DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/16/2026		715-361-7700

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	Provider Number / Facility ID Number
Chahk Ha Chee Head Start	1000556721 / 002 - 620321

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4910 Winneshiek Ln Nekoosa WI 544579724	715-886-4750	9/22/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Staff B does not have documentation for Abusive Head Trauma training on file.	While the original training certificate was not located, the training was redone on 9/25/26.	9/25/26	
2	251.06(11)(b)7. **Outdoor Play Space - Enclosure** Description: The playground fence had areas that did not meet the 4' height requirement.	We will work with the Ho-Chunk Nation maintenance department to either raise the fence to its' original height, or to devise something to be added to the top of the fencing.	Estimated completion 11/2/26	

NAME - Agency Worker
Amanda Foley

Date Issued
10/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Laurel Meeker

Date Signed
10/14/26