

DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
6/12/2023	PLAN	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. Instructions: The reforcing place statement below retinines the violating by the definition of the listed process. 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

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number			
huco Head Start Center	10005	1000556721 / 003 - 520372		
Address - Facility (Street, City, State, Zip Code) 221 Epoch Rd Tomah WI 54660	Telephone Number 608-372-6669	Date - Regulation Visit 5/10/2023		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
251,05(2)(a)3.a. Staff Record - Physical Examination Description: The file for Staff F 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. Repeat violation: Previously cited on 5/12/2022, 5/18/2021	staff F has been provided the news with form and he see the surface of the surface of the surface of the surface of the surface,		3	
2 251.05(3)(cm) Child Abuse & Neglect - Blennial Training Description: Staff F was missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting. Repeat violation: Previously cited on 5/12/2022	Stap F was chired 1/21/22 and his not been an employee for 2 years. Her mand reporter Iraining 9	eted hru	Z	
DCF-F-CFS0294-E (R.06/2011)	12/14/22.	,	Page	

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	ne - Certified Operator / Licensed Center Ico Head Start Center	Provider Number / Facility ID Number 1000556721 / 003 - 520372		
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_	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(2)(d) Access To Materials Potentially Harmful To Children Description: A container of disinfecting wipes, which is labeled "keep out of reach of children" was observed during the monitoring visit on a shelf in the classroom accessible to children.	She disinfecting wiper have been mered do a loched ea bund.	5/30/23	

NAME - Agency Worker Jennifer Stubbe	Date Issued 5/26/2023
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed