

Date Correction Plan Due 6/24/2021	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

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 5/18/2021
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	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 on a form provided by the department, 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.	Staff F began work w/ our program during the current school year, however she is unsure a physical and TB is required and an appointment is scheduled. w/covid it was exceedingly difficult to get an appointment physicals as limited #'s were being seen.	



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321 Epoch Rd Tomah WI 54660		608-372-6669	5/18/2021
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff F was missing documentation of having obtained a certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department within 3 months of employment.	With COVID we have been unable to arrange an in person training for (1) person - however (ASAP) this will be scheduled ASAP.		
3 251.07(6)(dm)1. Medical Log Book Description: The medical log book did not have all of the pages numbered to the end of the book. Per rule, the center shall maintain a medical log book with pages that are lined and numbered and a stitched binding.	Staff will be reminded to # each page of the medical log book. If they do not have one that is lined & bound they will place one on the supply request for purchase.	8/30/21	
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.	Due to COVID our regular reviewer was not allowed to travel or visit the sites. However an internal reviewer will be established as a backup - should this occur again.	8/18/21	

NAME - Certification Worker / Licensing Specialist
Jennifer Stubbe

Date Issued
6/10/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

David Sackitt Mueh

Date Signed

6/15/21