

Date Correction Plan Due 4/4/2019	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)(f) 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 Tomah Head Start Center		Provider Number / Facility ID Number 0000577800 / 004 - 520177		
Address - Facility (Street, City, State, Zip Code) 402 Pine St Tomah WI 54660		Telephone Number 608-372-3781	Date - Regulation Visit 3/19/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(c)1. Medical Log - Requirements Description: There were lines skipped on pages 14 and 15 in the A.M. medical log book.	Staff will be contacted and given verbally the procedure for documentation in the Medical Log - Use a pen - don't skip lines (Health Manager also sent out email on procedure)	<u>3-29-19</u>	
2	251.06(5)(d) Cleanliness Of Equipment, Furnishings, Sanitation Of Eating Surfaces Description: The Lysol no-rinse sanitizer that is used on tables and kitchen surfaces was mixed at a ratio of 2 oz. per gallon of water instead of 1/4 oz. per gallon of water.	Correction Plan was updated with Tomah Staff. (1/4 oz per gal. of water) (posted)	<u>3-27-19</u>	

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3 251.07(5)(a)5.d. Menus - Include Diverse Types Of Foods Description: A review of the breakfast/snack and lunch menu showed that the same fruit item was served more than once day/week.	The food was cycled through due to being purchased - NO school - was able to use when classes resumed.	<u>3.27.19</u>	
4 251.07(6)(f)1.c. Medication Administration - Documenting In Log Book Description: Multiple entries in the P.M. medical log book did not include the name of medication given or the dosage. Repeat violation: Previously cited on <u>4/9/2018</u>	(Not routinely done each month) Staff have been informed to document the name of the medication given + dosage.	<u>3.29.19</u>	

NAME - Certification Worker / Licensing Specialist
Rita Miller

Date Issued
3/21/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Robyn Weibert / Assistant
DCF-F-CF90294-E (R.06/2011)

Date Signed
3/26/19