

Date Correction Plan Due 11/1/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Head Start - Dolores K Boyd Center		Provider Number / Facility ID Number 3000556493 / 003 - 420041		
Address - Facility (Street, City, State, Zip Code) N733 Head Start Rd Keshena WI 54135		Telephone Number 715-799-3384	Date - Regulation Visit 9/24/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(dm)2. Medical Log - Pages & Entries Description: Based on observation, the medical log book failed to be filled out correctly. Staff skipped several lines in the book when making entries.	<i>A copy of the regulation which is highlighted will be given to each EHS and HS teaching staff to read, sign and date</i>	<i>1/28/2025</i>	
2	251.09(2)(bm) Infant & Toddler - Sleep Position Description: Based on observation, on September 24, the center failed to place a sleeping infant in a crib after they fell asleep.	<i>A copy of the regulation which is highlighted will be given to each EHS teacher to read, sign and date</i>	<i>1/28/2025</i>	

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3	251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection Description: Based on interview, staff in the toddler room failed to apply the disinfectant on the table and leave it for the required time as indicated on the label.	A copy of the regulation which is highlighted will be given to each EHS teacher to read, sign and date.	1/28/2025

NAME - Agency Worker
Gina Linssen

Date Issued
10/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Rosemarie James

Date Signed

1-24-2025