

Date Correction Plan Due 7/7/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
---	--	---

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	
Head Start - Dolores K Boyd Center		3000556493 / 003 - 420041	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
N733 Headstart Rd Keshena WI 54135		715-799-3384	5/28/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.055(1)(a) Supervision Of Children Description: On May 13, 2026, a child care worker was observed sleeping for approximately 8-9 minutes while serving as the sole provider for five sleeping toddlers, resulting in a lack of supervision during that period. Repeat violation: Previously cited on 2/20/2025	The employee found sleeping was terminated per our internal policy plan. Staff will be trained to be diligent and respect the importance of supervision of children	Termination was 5/28/26 Training was 6/5/26

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 Headstart Rd Keshena WI 54135		Telephone Number 715-799-3384	Date - Regulation Visit 5/28/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
2	251.055(1)(f) Child Tracking Procedure Description: In May 2026, a child care worker failed to adhere to the center's child tracking procedure of conducting a head count during a transition from the playground to the classroom. As a result, one child remained on the playground after the rest of the group had entered the building. The child was seen by another staff member who was outside with their classroom.	Staff will be trained and mandated to view their child roster each time the CLASS transitions from one space to another	6/29/26
			Verification Date

NAME - Agency Worker
Amie Bodart

Date Issued
6/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Amie Bodart

Date Signed

6/29/26