Date Correction Plan Due	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 Head Start Rd Keshena WI 54135	715-799-3384	3/11/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(4)(e) **Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness** Description: Room 5 and 13 failed to have cots covered when not in use; Room 13 was stored on the floor in close proximity of a toilet used by children.	MECS Early Head Start Staff will review DCF 251.07 (4)(e) regulations. The Educaiton Manager will assist staff in classroom managment and assst staff in the best practice in supporting health and safety for our children.	3 / 1 8 / 2 6	
2	251.09(1)(c) **Infant & Toddler - Documenting Changes In Development** Description: Room 2 failed to have three intake forms updated every three months. The last update was Sept 2025.	MECS Early Head Start Staff will review DCF 251.09(1)(c) regulations. Staff. Intake forms will be added to the teachers monthly checklist to comply with documentation data.	3/18/26	

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Head Start - Dolores K Boyd Center		3000556493 / 003 - 420041	
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.09(4)(a)3. **Infant & Toddler - Diaper Changing Surface Disinfection** Description: Room 14 failed perform the required two-step cleaning process after a diaper change. Staff did not use soap and water and completed only the bleach sanitizing step. Repeat violation: Previously cited on 9/24/2024	MECS Early Head Start Staff will review DCF 251.09(1)(c) regulations. Staff will work with the centers Health & Safety staff and Center Director to ensure the correct disinfection and soap solutions are available at all diaper changing stations	3/18/26	

NAME - Agency Worker
Amie Bodart

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
3-13-26