Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/6/2026		715-930-1148

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	
Margaret Annett Head Start Center		0000577800 / 002 - 520300	
Address - Facility (Street, City, State, Zip Code) 1321 St James St La Crosse WI 54603		**Telephone Number** 608-785-2070	**Date - Regulation Visit** 9/17/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(n) **Garbage Containers - Construction & Disposal Schedule** Description: Garbage containers in where food waste had been disposed of are required to have a cover. A garbage container in the classroom containing food waste and did not have a cover on it.	Head Start ordered additional garbage cans for each classroom. In each room the can with the automatic closing lid will be used for food waste only.	Oct 1, 2026	
2	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: An inspection of the medical log book in the infant/toddler room revealed the log hasn't been reviewed every 6 months as required by rule. The last review was January 2026.	making my rounds with reviewing medical logs	9/24/2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**

NAME - Agency Worker
Kimberly Jasper

Date Issued
9/22/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Robyn Wolfert, Executive Director

Date Signed
9/24/26