

Date Correction Plan Due 5/7/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
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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 Washington County Head Start-Rolfs Education Ctr		Provider Number / Facility ID Number 7000589287 / 001 - 2003716		
Address - Facility (Street, City, State, Zip Code) 737 S 3Rd Ave West Bend WI 530954023		Telephone Number 262-335-5472	Date - Regulation Visit 4/7/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(3)(b) Abusive Head Trauma Prevention Training</p> <p>Description: Based on records review, the center did not have the Abusive Head Trauma Prevention Training on file for staff member A. The staff member took the training on May 7, 2026 after the monitoring visit.</p> <p>Repeat violation: Previously cited on 11/12/2024</p>	<p>The staff member had taken the training however, was not able to access the certificate. She has since taken it again.</p>	4/7/2026	4/7/26

NAME - Agency Worker
Gloribel Tegen

Date Issued
4/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Jamie Malson

4.24.26