

Date Correction Plan Due 10/9/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 715-930-1148
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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 disciplinary 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 Bear Cubs Day Care		Provider Number / Facility ID Number 1000564341 / 001 - 1001005	
Address - Facility (Street, City, State, Zip Code) 3003 Wilson St Lot 92 Menomonie WI 54751		Telephone Number 715-235-0910	Date - Regulation Visit 9/20/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.06(2)(m) <b>Premises - Condition &amp; Repair</b>  Description: The premises was not maintained in a sanitary condition where there was visible debris and popcorn on the carpet and watermelon juice from earlier lunch was not cleaned up on the dining room table.  Repeat violation: Previously cited on 9/5/2023	<i>I will work harder. I will at least use a dust buster to clean crumbs/popcorn from the floor. I will clean up the table immediately even if the kid(s) are impatient for another activity</i>	<i>9/20/24</i>

Received  
State of Wisconsin

OCT 28 2024

DCF DECE BECR  
WRO

NAME - Agency Worker  
April Callihan

Date Issued  
9/25/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Joelle M. Brown*

Date Signed

*10/15/2024*