

<b>Date Correction Plan Due</b> 9/25/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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)(l) 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.

<b>Name - Certified Operator / Licensed Center</b> Teddy Bear Land		<b>Provider Number / Facility ID Number</b> 2000567502 / 001 - 1000027	
<b>Address - Facility (Street, City, State, Zip Code)</b> N5624 County Road E River Falls WI 54022		<b>Telephone Number</b> 651-214-2721	<b>Date - Regulation Visit</b> 2/21/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(6)(a)4m. <b>Child Record - Immunization History Compliance</b>  Description: The center did not maintain a record of immunizations for child # 4 and #5 to document compliance with s. 252.04 Stats., and ch. DCF 144.	Got them from parent	2-21-24
2	250.05(2) <b>Staff File - Maintenance &amp; Availability</b>  Description: The licensee did not have a staff file for Staff B who had been working at the center since 02/05/2024.	Does not work anymore for me	3-1-24

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N5624 County Road E River Falls WI 54022		651-214-2721	2/21/2024	
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3	<p>250.05(2)(b)  <b>Staff File - Background Check Results</b></p> <p>Description: Staff B was missing documentation from the Department, either paper or electronic, that indicates that a child care background check was completed in compliance with the timelines and requirements specified in s. 48.686, Stats., and ch. DCF 13, and the person is eligible to work in a child care program.</p>	Does not work for me anymore	3-1-24	
4	<p>250.05(3)(g)  <b>Provider Training - Abusive Head Trauma</b></p> <p>Description: There was not documentation of Staff B having received training in Shaken Baby Syndrome Prevention or Abusive Head Trauma Prevention training. Prior to obtaining a license or working with children in care under age 5 years, a licensee, provider, substitute, volunteer, emergency back-up, or any other person providing care and supervision shall satisfactorily complete department-approved training in shaken baby syndrome and abusive head trauma, and appropriate ways to manage crying, fussing, or distraught children.</p>	Does not work for me anymore	3-1-24	
5	<p>250.07(3)(a)2.  <b>Play Equipment - Safe &amp; Sturdy</b></p> <p>Description: The yellow slide on the playground had cracked and was in need of replacement.</p>	Got brand new playground set	4-30-24	

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Correction Plan

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Noncompliance Statement

Date Issued  
9/11/2024

NAME - Agency Worker  
April Callihan

Date Signed

9-12-24

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Christine Engel*