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| Date Correction Plan Due 12/26/2023 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 715-361-7700 |
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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.

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| Name - Certified Operator / Licensed Center Bizzy Bees Child Care Center Llc | | Provider Number / Facility ID Number 2000577312 / 004 - 1014411 | | |
| Address - Facility (Street, City, State, Zip Code) 321 Market St Nekoosa WI 544571123 | | Telephone Number 715-510-0300 | Date - Regulation Visit 11/28/2023 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A and Staff D did not have documentation on file of current certification in infant and child CPR with AED training. | Staff A did her CPR on 12/19/23 Staff D did her CPR on 12/18/23 | 12/20/23 | |
| 2 | 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Blanket authorizations to administer medication as needed were on file in the infant room. | all medication was sent hom on 11/28/23 all parents + staff were told only bring meds when needed. | 11/28/23 | |

NAME - Agency Worker
Kelly Iverson

Date Issued
12/11/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Carmen Cleary

12-19-23