

<b>Date Correction Plan Due</b> 12/12/2023	<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)(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.

<b>Name - Certified Operator / Licensed Center</b> The Bumblebee Forest Childcare Center		<b>Provider Number / Facility ID Number</b> 8000588968 / 003 - 2004354	
<b>Address - Facility (Street, City, State, Zip Code)</b> 11568 Fremont St Trempealeau WI 546619246		<b>Telephone Number</b> 608-534-2120	<b>Date - Regulation Visit</b> 11/13/2023
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	<p>251.05(2)(a)2. <b>Staff Record - Completed Background Check</b></p> <p>Description: Documentation of a completed child care background check that indicates the person is eligible to work in a child care program as specified in s. 48.686, Stats., and ch DCF 13 was not available for review for Staff B or Staff D. Upon further investigation, neither staff had been entered into the system to request a fingerprint background check be initiated.</p> <p>Repeat violation: Previously cited on 11/21/2022, 10/17/2022</p>	<p>Staff B Staff D no longer employed</p> <p>We will make sure the fingerprint Background check is completed before Start date</p>	<p>12/8/23</p> <p>—</p> <p>12/4/23</p>

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2	<p>251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b></p> <p>Description: Documentation of a physical examination report on a form provided by the Department that was completed not more than 12 months prior to nor more than 30 days after the person was hired was not available for Staff B. The report shall be signed and dated by a licensed physician, physician's assistant, or other HealthCheck provider. The report shall indicate that the person is free from illnesses detrimental to children, including tuberculosis, and that the person is physically able to work with young children.</p>	<p>Staff will turn in physical within 30 days of start date</p>	<p>11/2/24</p>
3	<p>251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b></p> <p>Description: There was not documentation of Staff B having received training within one week after beginning work at the center and at least every two years in child abuse and neglect laws, how to identify children who have been abused or neglected, and the procedure for ensuring that all known or suspected cases of child abuse or neglect are immediately reported to the proper authorities.</p>	<p>Staff will only use the online approved training to complete child abuse Neglect requirement</p>	<p>11/16/23</p>

NAME - Agency Worker  
April Callihan

Date Issued  
11/28/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed