

<b>Date Correction Plan Due</b> 2/12/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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.

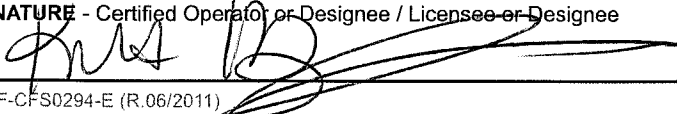
<b>Name - Certified Operator / Licensed Center</b> Little Buffaloes Preschool		<b>Provider Number / Facility ID Number</b> 0000590560 / 001 - 2005627		
<b>Address - Facility (Street, City, State, Zip Code)</b> 916 Margi Ln Barneveld WI 535079429		<b>Telephone Number</b> 608-513-0999	<b>Date - Regulation Visit</b> 1/26/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.06(4)(d) <b>Exits &amp; Passageways - Unobstructed, Minimum Width</b>  Description: All exits were no unobstructed when a child was napping in front of an exit door during the monitoring visit. In addition, a crib mattress was propped up blocking an exit door in an infant room.	Moved sleeping child without waking and moved crib mattress immediately. Talked with teachers in classrooms about the child's placement in room for naptime and placement of crib. All immediately involved were talked to. Emailed all staff about blocking exit doors. Talk at next staff meeting too.	immediately and 2/21/24 (next staff meeting)	
2	251.06(9)(d)2.a. <b>Food Storage - Dry Food</b>  Description: 2 bags of crackers were not stored in bags with zip-type closures or metal, glass or food-grade plastic containers with tight-fitting covers as required.	Talked with cook immediately and explained the zip-type closure bags need to be used. She showed me the box of bags she can use in the future. Emailed all staff to explain food storage procedures. Talk at next staff meeting too.	immediately and 2/21/24 (next staff meeting)	

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			<b>Verification Date</b>

**NAME** - Agency Worker  
Casey Allison

**Date Issued**  
1/29/2024

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee



**Date Signed**

1/29/24