

Date Correction Plan Due 12/30/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center Pooh Bear Childcare		Provider Number / Facility ID Number 5000577825 / 001 - 1005892		
Address - Facility (Street, City, State, Zip Code) 1340 Deming Way Middleton WI 53562		Telephone Number 608-831-2327	Date - Regulation Visit 12/11/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child 1 did not have an immunization record on file as required within six weeks of starting care.	Parent brought copy the same day	12/11/2024	12/16/2024
2	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Child 1 did not have documentation of a follow-up health exam every 6 months as required.	Parent provided updated exam	12/12/2024	12/16/2024

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Staff A did not have documentation on file of having Abusive Head Trauma Prevention training required prior to working with children under 5 years of age.	Staff completed training the same day Staff was not alone with children and is currently enrolled in childcare courses	12/12/2024

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
12/16/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
12/16/2024