

Date Correction Plan Due 6/30/2025	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 6/12/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B did not have documentation on file of having an infant and child CPR/AED training from an agency approved by the department.	Staff member had Infant & Child CPR up to date. The program she used was not DCF approved. STAFF MEMBER COMPLETED "AGENCY APPROVED" CPR IMMEDIATELY	6/16/25	
2	251.05(3)(f)3. Child Care Teacher - Entry-Level Training Description: Staff C did not have documentation of completed entry-level training required for a child care teacher prior to assuming the position.	Staff member is on her final class for becoming a lead teacher. Staff member was paired with another lead teacher while at PB.	07/05/2025	

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3	251.055(1)(b) Supervision - Teacher Per Group Of Children Description: Children did not have a qualified child care teacher supervising them when one classroom is regularly staffed with a teacher who is not qualified as a lead teacher.	STAFF MEMBER is CURRENTLY waiting for The Registry of Wisconsin to send the final certificate for Lead Teacher. All of her course work has been completed, graded and submitted. Teacher was not and is not alone with children, she paired with a lead staff member.	06/27/2025	

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
6/16/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed