

## NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due  
10/31/2025

TO FILE A COMPLAINT CALL  
608-422-6765

**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) 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 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 notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Bear Family Child Care

4000570564 / 001 - 1001826

Address - Facility (Street, City, State, Zip Code)

5362 N Newville Rd Milton WI 53563

Telephone Number

608-757-1648

Date - Regulation Visit

10/13/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(b) <b>Current, Accurate Daily Attendance Record</b>  Description: A current, accurate written record of daily attendance was not maintained when all 5 children in care were not signed in for the day.	<i>Filled out same day</i>	<i>10-13-25</i>	
2	250.05(2)(c) <b>Staff File - Days, Hours Worked</b>  Description: Provider did not document days and hours worked.	<i>Filled out same day</i>	<i>10-13-25</i>	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(e)2. <b>Provider Training - Current Cpr Certificate</b>  Description: Provider did not have a current cpr certificate on file.	<i>Complete ASAP.</i>	<i>11-14-25</i>	