

Date Correction Plan Due 2/8/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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)(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 Lady Bug Learning Academy		Provider Number / Facility ID Number 0000588600 / 001 - 2002428												
Address - Facility (Street, City, State, Zip Code) 2095 Red Arrow Trl Fitchburg WI 537114722		Telephone Number 608-630-8686	Date - Regulation Visit 2/8/2024											
	<table border="1"> <thead> <tr> <th data-bbox="147 714 315 779"></th> <th data-bbox="315 714 987 779"> Rule/Statute Number Noncompliance Statement </th> </tr> </thead> <tbody> <tr> <td data-bbox="147 779 315 1112">1</td> <td data-bbox="315 779 987 1112"> 251.11(4)(b) Continuation License - Application Materials Submission Description: At least 30 days before the continuation review date of the license, an applicant for license renewal shall submit to the department the following materials: 1. The license renewal fee and any forfeiture due and owing. </td> </tr> </tbody> </table>		Rule/Statute Number Noncompliance Statement	1	251.11(4)(b) Continuation License - Application Materials Submission Description: At least 30 days before the continuation review date of the license, an applicant for license renewal shall submit to the department the following materials: 1. The license renewal fee and any forfeiture due and owing.	<table border="1"> <thead> <tr> <th data-bbox="987 714 1543 779"> Correction Plan </th> </tr> </thead> <tbody> <tr> <td data-bbox="987 779 1543 1112">Submittal of all continuation materials / fees.</td> </tr> </tbody> </table>	Correction Plan	Submittal of all continuation materials / fees.	<table border="1"> <thead> <tr> <th data-bbox="1543 714 1795 779"> Expected Completion Date </th> </tr> </thead> <tbody> <tr> <td data-bbox="1543 779 1795 1112"></td> </tr> </tbody> </table>	Expected Completion Date		<table border="1"> <thead> <tr> <th data-bbox="1795 714 2022 779"> Verification Date </th> </tr> </thead> <tbody> <tr> <td data-bbox="1795 779 2022 1112">2/8/2024</td> </tr> </tbody> </table>	Verification Date	2/8/2024
	Rule/Statute Number Noncompliance Statement													
1	251.11(4)(b) Continuation License - Application Materials Submission Description: At least 30 days before the continuation review date of the license, an applicant for license renewal shall submit to the department the following materials: 1. The license renewal fee and any forfeiture due and owing.													
Correction Plan														
Submittal of all continuation materials / fees.														
Expected Completion Date														
Verification Date														
2/8/2024														

NAME - Agency Worker
Luzdarys Marquez

Date Issued
2/8/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed