

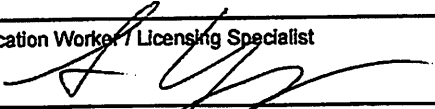
Date Correction Plan Due 10/9/2019	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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)(f) 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 Bear Buddies Child Dev Ctr		Provider Number / Facility ID Number 9000577779 / 002 - 1006715	
Address - Facility (Street, City, State, Zip Code) 245 W Paperjack Dr New Richmond WI 54017		Telephone Number 715-246-7600	Date - Regulation Visit 9/24/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Center did not have the immunization records for Child #4.	Sent home a day care immunization record form	10/19/19
2	251.04(6)(a)8. Child Record - Health Examination Description: Center did not have documentation to show that a health examination was completed every 2 years for Child #2.	Sent home a child health report form	10/31/19

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.05(1)(b) Shaken Baby Syndrome Prevention Training Description: Staff C began working as an assistant teacher on 9-3-2019 and has not completed the Shaken Baby Training.	our Shaken baby trainer scheduled a training session for him	10/01/2019

NAME - Certification Worker / Licensing Specialist Sou Yang	Date Issued 9/25/2019
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 10/01/2019

DCF-F-CFS0284-E (R.06/2011)