Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
2/8/2023	PLAN	715-930-1148

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.

Nam	ne - Certified Operator / Licensed Center	Provid	Provider Number / Facility ID Number		
Bear Buddies Child Dev Ctr 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 12/21/2022		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A's employment date was 9-6-2022 and the center did not have a completed Staff Health Report for Staff A.	Staff will have completed health report on file.	Feb. 14,2023		
2	251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: Staff A did not have a completed Orientation Checklist on file.	Director will complete Staff's orientation.	Feb 1,2023		

DCF-F-CFS0294-E (R.06/2011)

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3	251.07(6)(dm)2. Medical Log - Pages & Entries Description: The medical log book for the Cares classroom had pages 23 and 24 missing. Pages 31 and 32 had a blank line in-between some entries.	New log books will be Purchased for the Classrooms	Feb.13,2023	
4	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log book from the Cares classroom was last reviewed by the director on 4-4-2022. The director has not completed a review the injury logs 6 months after its last review on 4-4-2022.	Director will complete task that will be put on the monthly management report.	Feb. 1,2023	

NAME - Agency Worker
Sou Yang
Date Issued
1/25/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Date Signed