

<b>Date Correction Plan Due</b> 7/24/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

**Name - Certified Operator / Licensed Center** **Provider Number / Facility ID Number**  
9000577779 / 002 - 1006715  
Bear Buddies Child Dev Ctr

**Address - Facility (Street, City, State, Zip Code)** **Telephone Number**  
715-246-7600  
245 W Paperjack Dr New Richmond WI 54017

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: An Immunization record was not observed in the file for Child #1.	Will have parents complete + return immunization record	7/12/24	
2	251.04(6)(a)8.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Each child 2 years of age and under age 5 shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to the center. Child #1 has been in care for more than 3 months and did not have a child health report on file.	Will have parents complete + return a health report	7/12/24	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Bear Buddies Child Dev Ctr

9000577779 / 002 - 1006715

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

Telephone Number

Date - Regulation Visit

245 W Paperjack Dr New Richmond WI 54017

715-246-7600

7/3/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker

Date Issued

Matthew Peterson

7/10/2024

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Date Signed



7/10/2024