

Date Correction Plan Due 5/11/2021	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 202.085, 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 Beatles And Butterflies Daycare		Provider Number / Facility ID Number 9000584009 / 001 - 1015748	
Address - Facility (Street, City, State, Zip Code) 23655 Flute Ave Tomah WI 546608012		Telephone Number 608-377-1418	Date - Regulation Visit 4/15/2021
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center, and a follow-up examination at least once every 6 months thereafter. Child #4 does not have documentation of a follow-up exam within the past 6 months.	Provided Parent with form to fill out & Bring Back	5/10/21	



Name - Certified Operator / Licensed Center

Beatles And Butterflies Daycare

Provider Number / Facility ID Number

9000584009 / 001 - 1015748

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

23655 Flute Ave Tomah WI 546608012

Telephone Number

808-377-1418

Date - Regulation Visit

4/15/2021

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<p>250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5</p> <p>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, and a follow-up health examination at least once every 2 years thereafter. Child record #3 did not have documentation of a follow-up health examination at least every 2 years.</p>	<p>Provided Parent with form to fill out and Bring Back</p>	5/10/21	
3	<p>250.04(6)(b) Current, Accurate Daily Attendance Record</p> <p>Description: The attendance was not current and accurate on the day of the licensing visit when none of the children were signed in on the attendance record.</p>	<p>Put attendance form in a more visible area & fill in as children arrive</p>	4/20/21	
4	<p>250.04(8)(b) Biennial Training - Child Abuse & Neglect</p> <p>Description: Provider was missing documentation of having received training within the past two years on child abuse and neglect laws, identification, and reporting.</p>	<p>will do Training</p>	5/10/21	

Name - Certified Operator / Licensed Center Beatles And Butterflies Daycare		Provider Number / Facility ID Number 9000584009 / 001 - 1015746	
Address - Facility (Street, City, State, Zip Code) 23655 Flute Ave Tomah WI 546608012		Telephone Number 608-377-1418	Date - Regulation Visit 4/15/2021
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
5	250.06(3)(b) Emergency Plans - Practice Description: Fire drills were not documented for the months of February and March 2021. The provider is required to keep written records of dates and times of all the monthly fire drills practiced.	Completed forms & Put reminder in phone to fill out monthly after drill	5/3/21
6	250.06(4)(a) Smoke Detectors Description: There was no documentation showing that smoke detectors were tested for the months of February and March 2021. All smoke detectors shall be tested monthly and a record kept of the time, date and results of the test.	Completed forms and will fill out when tests ^{installs} are completed each month	5/3/21

NAME - Certification Worker / Licensing Specialist
Jennifer Stubbe

Date Issued
4/27/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Diane Schuch

Date Signed

5/11/21