Date Correction Plan Due 12/15/2023

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 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 DOF 202.065, DCF 250.04(2)(I) and (3)(I), DCF 251.04(2)(L) and (3)(I), 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 of the sanction and / or penalty and your appeal rights

Name - Certified Operator / Licensed Center Beatles And Butterflies Daycare Address - Facility (Street, City, State, Zip Code)			Provider Number / Facility ID Number 9000584009 / 001 - 1015746		
23655 Flute Ave Tomah WI 546608012		608-377-1418	Date - Regulation Visit 11/14/2023		
	Rule/Statute Number Noncompliance Statement	State of Wisconsin Dept, of Children and Famil	Correction Plan	Expected Completion Date	Verification Date
	250.04(6)(a)4m. Child Record - Immunization History Complian Description: Documentation that indicates the ch history is in compliance with s. 252.04, Stats., an not observed in the files for Child #1 and Child #4	ild's immunization	Advised parents of forms Needed	11/14/2023	

NAME - Agency Worker Jennifer Stubbe	Date Issued 12/1/2023
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed 12/15/2023
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