

Date Correction Plan Due
10/31/2024

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

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 252.4(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

Cubby Bear Llc

Provider Number / Facility ID Number

3000589473 / 001 - 2003975

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

119 Monroe St Beaver Dam WI 539162436

Telephone Number

920-631-7003

Date - Regulation Visit

10/15/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A written authorization included a child's name and date of birth and name of medication. Dates of medication intervals and length of authorization were blank and blanket authorizations are prohibited.</p>	<p>All staff have been shown how to have parents fill out medication forms correctly in ensure accuracy.</p>	<p>10/22/2024</p>	
<p>2 251.07(6)(f)3. Medication - Storage Description: Medication was accessible to children when it was stored in a child's backpack and was accessible to children in the classroom.</p>	<p>Medication has been put up on shelf not accessible to children and all staff are made aware of policy.</p>	<p>10/22/2024</p>	

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

NAME - Agency Worker
Kimberly Liebhart

Date Issued
10/17/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
10/22/2024