

Date Correction Plan Due
3/21/2025

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 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

Busy Bees Child Care

Provider Number / Facility ID Number

7000591797 / 001 - 2007019

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

E3550 1130Th Ave Boyceville WI 547255119

Telephone Number
715-702-2444

Date - Regulation Visit
2/4/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)1. Child Record - Enrollment Information Description: Child # 3's file was missing the name, address, telephone number, and relationship to the child of a person to be notified in an emergency when a parent cannot be reached immediately.	I texted Child #3's mom and got the required information. I wrote it on a post it and then at pick up they filled it in. fixed that same day. I will make sure all forms are filled out.	2/4/25	
2	250.04(6)(a)1m. Child Record - Health History Description: The provider could not locate a Health History and Emergency Care Plan form for her own two children. Upon notification, the provider immediately printed the forms so she could complete them during nap time.	I must have rewrote it when we moved and thrown both away. At rest time 2.4.25 I printed them and filled them out. I will make sure my kids have updated forms from the movz.	2/4/25	

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Rule/Statute Number
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Correction Plan

Expected
Completion Date

Verification
Date

NAME - Agency Worker
April Callihan

Date Issued
3/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

April Callihan *[Signature]*

3/7/2025