

Date Correction Plan Due 2/17/2025	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 202.065, 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 Butterfly Kisses Family Childcare		Provider Number / Facility ID Number 5000587745 / 001 - 2001169	
Address - Facility (Street, City, State, Zip Code) 132 Mcknight St Stanley WI 547681025		Telephone Number 715-313-0586	Date - Regulation Visit 12/4/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(6)(b) Current, Accurate Daily Attendance Record Description: Observed 9 children in care and only 6 children were signed in on the center's attendance sheet. Provider stated that the two children not checked-in came in at 8 am and the third child came in at 10 am. The provider made the correction on the attendance sheet at the time of this visit. The visit time was from 10:24 am to 11:10 am.	make sure all children are checked in on attendance form not just KidKare	2-4-25
2	250.055(2)(a) Maximum Number Of Children In Care Of The Center Description: Observed 9 children in care. The maximum number of children in care cannot exceed 8 children.	Make sure NO more than 8 children at day care, Helper if more than 2 under 2	2-4-25

Received
State of Wisconsin
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Name - Certified Operator / Licensed Center Butterfly Kisses Family Childcare		Provider Number / Facility ID Number 5000587745 / 001 - 2001169	
Address - Facility (Street, City, State, Zip Code) 1332 Mcknight St Stanley WI 547681025		Telephone Number 715-313-0586	Date - Regulation Visit 12/4/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Sou Yang

Date Issued
2/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Michelle Olson

Date Signed

2-4-25