DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 6/2/2025	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL**

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 The Nest At Butternut Crossing		**Provider Number / Facility ID Number** 2000589522 / 001 - 2004114	
Address - Facility (Street, City, State, Zip Code) 810 S 7Th St S Luck WI 548534507	**Telephone Number** 715-472-2152	**Date - Regulation Visit** 5/5/2025	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff D was missing documentation of having obtained a certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department within 3 months of employment.	Have an annual training for all staff this year & Scheduled in June	June 2025	
2	251.06(3)(b)2. **Emergencies - Practice Written Plans** Description: There was no documentation of required fire and tornado drills. The provider is required to keep written records of when the monthly evacuation plans are practiced. Repeat violation: Previously cited on 6/13/2024, 5/18/2023	Have a print off to write them on monthly at my desk	ASAP	

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

NAME - Agency Worker
Wendy Badzinski

Date Issued
5/19/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
8/2/2025