

<b>Date Correction Plan Due</b> 3/8/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Little Blues Program		<b>Provider Number / Facility ID Number</b> 6000591466 / 001 - 2006647		
<b>Address - Facility (Street, City, State, Zip Code)</b> 621 Main St Plum City WI 547619044		<b>Telephone Number</b> 715-797-0063	<b>Date - Regulation Visit</b> 1/18/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: A physical examination report on a form provided by the Department that was completed not more than 12 months prior to nor more than 30 days after the person was hired was not available for Staff A. The report shall be signed and dated by a licensed physician, physician's assistant, or other HealthCheck provider. The report shall indicate that the person is free from illnesses detrimental to children, including tuberculosis, and that the person is physically able to work with young children.	Appointment date set for Jan 26, paperwork was brought in following Monday in file  - All paperwork turned in by start date	1/28/24	

Name - Certified Operator / Licensed Center Little Blues Program		Provider Number / Facility ID Number 6000591466 / 001 - 2006647	
Address - Facility (Street, City, State, Zip Code) 621 Main St Plum City WI 547619044		Telephone Number 715-797-0063	Date - Regulation Visit 1/18/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
2	251.055(2)(m) Staff-To-Child Ratios - Children Of Staff  Description: A child of a staff person was at the center without being counted in care. Children of staff who attend the center and who are on the premises for supervision and care shall be included in determining group size and staff-to-child ratios.	Staff member made other arrangements for child to ride the bus home every day.  -have staff fill out all the forms for their child, for in the event their child would need to be counted in ratio.	1/19/24

NAME - Agency Worker  
April Callihan

Date Issued  
2/23/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Kim Bechtel*

3/05/24