

Date Correction Plan Due 4/7/2025	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 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 10/25/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)3.a. Staff Record - Physical Examination</p> <p>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 B. 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.</p> <p>Repeat violation: Previously cited on 1/18/2024</p>	<p>Have all forms completed and turned in before starting</p>		

NAME - Agency Worker
April Callihan

Date Issued
3/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kim Beuchel

Date Signed

3/24/25

* Patient Summary Documents - Auth (Verified) - Internal Provenance Source: Hx Hudson Physicians; Wittmann, Heidi *

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

dcf.wisconsin.gov

STAFF HEALTH REPORT – LICENSED CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 250.05(2)(d) and DCF 251.05(2)(a)3. a. of the Wisconsin Administrative Code. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The examining health professional will complete this form, sign Section B, and return the completed form to the individual for placement in the staff file.

A. STAFF INFORMATION FCC: provider, employee, substitute. GCC: persons who work directly with children except volunteers.

Name (Last, First, MI)	Position Title
Fortney, Rebecca 8/24/1981	Assistant teacher

B. PHYSICAL EXAMINATION

Yes No I certify based upon my examination that this person appears free of symptoms of illness, including tuberculosis, or communicable disease that may be transmitted through normal contact.

Yes No I certify based upon my examination that this person appears to be physically able to work with children.

NOTE: This individual will be in contact with children receiving child care services and may be responsible for the physical care and social development of young children during the hours child care is provided. Some lifting of young children may be required.

Comments:

SIGNATURE – MD, PA or other Health Check Provider

Name – Examining Health Professional (Type or Print)

Sarah McFarland, MD

Address – Health Professional Office (Street, City, State, Zip)

Date Signed (mm/dd/yyyy)

2651 Hillcrest Dr, Hudson, WI 54010

11/7/2014

SAFETY AND EMERGENCY RESPONSE DOCUMENTATION GROUP CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 251.06(3)(b)4. and 251.06(4)(j) of the Wisconsin Administrative Codes.

Instructions: Child care center personnel shall enter the requested information when each item is completed. If your facility is equipped with a fire protection (sprinkler) system, attach signed fire protection maintenance records from a qualified monitoring agency.

Name – Group Child Care Center LITTLE BLUES PROGRAM	Facility ID Number 2006647	Year 2023
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A. FIRE DETECTION / PREVENTION SYSTEM INSPECTION Fire alarms and smoke detectors shall be tested monthly. In the spaces provided below, enter the date, the time and the result of each monthly test.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												
Results												

B. EMERGENCY DRILL PRACTICE Fire drills shall be conducted every month; tornado drills shall be conducted monthly from April through October. In the spaces provided below, enter the date (mm/dd/yyyy) and time (hh:mm) of the drill in the Date & Time field, and add the number of minutes and seconds (mm:ss) it took to evacuate to the area designated in the center's written plan in the Drill Time field. **Note:** The recommended exit time is 2 minutes maximum.

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Fire Drill	Date and Time									9/16	10/11	11/16	12/8
	Drill Time									9:00 am	9:15 am	9:05 am	10:00 am
										58:03 sec	2:25 m	2:17.22 m	1:30.41
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Tornado Drill	Date and Time									9/18	10:25		
	Drill Time									9:45	10:00		
										1.54	1.49		

C. FIRE EXTINGUISHER INSPECTION Each fire extinguisher on the premises of a center shall be inspected and tagged once a year by a qualified person.

Date of the annual inspection: 8/2023

D. VEHICLE SAFETY ALARM INSPECTION All vehicles with a manufacturer's seating capacity of 6 or more passengers in addition to the driver that are used to transport children in care shall be equipped with a vehicle safety alarm. A licensee who is required to have a child safety alarm installed must ensure that the alarm is properly maintained and in good working order each time the child care vehicle is used for transporting children. In addition to the inspection by the driver, the department recommends that all vehicle safety alarms be tested monthly by the licensee. In the spaces provided below, enter the date, time, and results of the test.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												
Results												

No vehicle

SAFETY AND EMERGENCY RESPONSE DOCUMENTATION GROUP CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 251.06(3)(b)4. and 251.06(4)(j) of the Wisconsin Administrative Codes.

Instructions: Child care center personnel shall enter the requested information when each item is completed. If your facility is equipped with a fire protection (sprinkler) system, attach signed fire protection maintenance records from a qualified monitoring agency.

Name – Group Child Care Center Little Blues Program	Facility ID Number 2006647	Year 2024
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A. FIRE DETECTION / PREVENTION SYSTEM INSPECTION Fire alarms and smoke detectors shall be tested monthly. In the spaces provided below, enter the date, the time and the result of each monthly test.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												
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B. EMERGENCY DRILL PRACTICE Fire drills shall be conducted every month; tornado drills shall be conducted monthly from April through October. In the spaces provided below, enter the date (mm/dd/yyyy) and time (hh:mm) of the drill in the Date & Time field, and add the number of minutes and seconds (mm:ss) it took to evacuate to the area designated in the center's written plan in the Drill Time field. **Note:** The recommended exit time is 2 minutes maximum.

		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Fire Drill	Date and Time	1/12 9:00	2/19 9:00am	3/25 9:15 am	4/19 10:00	5/24 9:30	6/14 9:00	7/15 9:15	8/9 9:30	9/23 9:00	10/23 9:04		
	Drill Time	1:19	1:40	2:14	1:47	2:11	1:21	1:37	1:15	1:36	1:32		
		JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Tornado Drill	Date and Time				4/11 1:45	5/13 9:30	6/21 10:00	7/22 9:30	8/23 10:55	9/23 10:00	10/24 9:30		
	Drill Time				3m	2:30	2:00	1:45	1:30	1:47	2:00		

C. FIRE EXTINGUISHER INSPECTION Each fire extinguisher on the premises of a center shall be inspected and tagged once a year by a qualified person.

Date of the annual inspection: 10/28/24

VEHICLE SAFETY ALARM INSPECTION All vehicles with a manufacturer's seating capacity of 6 or more passengers in addition to the driver that are used to transport children in care shall be equipped with a vehicle safety alarm. A licensee who is required to have a child safety alarm installed must ensure that the alarm is properly maintained and in good working order each time the child care vehicle is used for transporting children. In addition to the inspection by the driver, the department recommends that all vehicle safety alarms be tested monthly by the licensee. In the spaces provided below, enter the date, time, and results of the test.

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Date												
Time												
Results												

No vehicle