

Date Correction Plan Due 12/28/2020	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Busy B's Family Daycare		Provider Number / Facility ID Number 5000576915 / 002 - 1010786					
Address - Facility (Street, City, State, Zip Code) N2649 County Road V Lodi WI 53555		Telephone Number 608-592-7878	Date - Regulation Visit 12/10/2020				
	Correction Plan	Expected Completion Date	Verification Date				
<table border="1"> <thead> <tr> <th data-bbox="68 609 116 661">1</th> <th data-bbox="116 609 747 661"> Rule/Statute Number 250.04(3)(a) Noncompliance Statement Report - Incident Or Accident </th> </tr> </thead> <tbody> <tr> <td></td> <td data-bbox="116 661 747 833"> Description: The provider did not report two incidents in July and October 2020 to the Department within 24 hours of the licensee becoming aware of the medical evaluations. </td> </tr> </tbody> </table>	1	Rule/Statute Number 250.04(3)(a) Noncompliance Statement Report - Incident Or Accident		Description: The provider did not report two incidents in July and October 2020 to the Department within 24 hours of the licensee becoming aware of the medical evaluations.	Will Submit necessary Paperwork on any future injury needing medical attention	12/15/20	
1	Rule/Statute Number 250.04(3)(a) Noncompliance Statement Report - Incident Or Accident						
	Description: The provider did not report two incidents in July and October 2020 to the Department within 24 hours of the licensee becoming aware of the medical evaluations.						

NAME - Certification Worker / Licensing Specialist Amanda Carrizales, Luzdarys Marquez	Date Issued 12/14/2020
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SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Ipolanda Schroeder</i>	Date Signed 12/14/20
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