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OCT 24 2019
State of Wisconsin
Dept. of Children and Families

Date Correction Plan Due 10/18/2019	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 Teddy Bear Totland		Provider Number / Facility ID Number 6000556336 / 001 - 530806	
Address - Facility (Street, City, State, Zip Code) 914 Therbrook St Chippewa Falls WI 54729		Telephone Number 715-726-0185	Date - Regulation Visit 10/3/2019
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
1	250.04(8)(a) Mandated Reporting - Child Abuse & Neglect Description: During a personnel file review, it was noted one employee had not completed Child Abuse and Neglect Training within the previous two years as required by rule.	Substitute will have mandated Reporting done by 12-1-19	12-1-19
2	250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: One employee did not have a current CPR (cardiopulmonary resuscitation) certificate.	Substitute will have CPR/First Aid done by 12-1-19	12-1-19

NAME - Certification Worker / Licensing Specialist Heather Ruf	Date Issued 10/3/2019
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SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Celeste V. Swoboda</i>	Date Signed 10/21/19
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