

Date Correction Plan Due 7/7/2025	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 New Richmond Area Centre		Provider Number / Facility ID Number 4000584634 / 001 - 1014220		
Address - Facility (Street, City, State, Zip Code) 425 E 5Th St New Richmond WI 540172103		Telephone Number 715-243-0849	Date - Regulation Visit 6/12/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A child did not have a current medication authorization on file for an epi pen that is on the premises.	Parent will fill out a medication authorization form for Epi Pen. Upon receiving medications, Parents will fill out a medication authorization form.	6/27/25	
2	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: Per rule, medication must be in the original container and labeled with the child's name. An epi-pen was seen with no prescription label or Child's name on it.	Parent will get a label and bring in original container for Epi Pen. Upon receiving medication, administration will check label and container	6/27/25	

NAME - Agency Worker
Wendy Badzinski

Date Issued
6/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Rachel A Neumann

Date Signed
6/27/25