

Date Correction Plan Due 10/31/2024	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		Provider Number / Facility ID Number		
River's Edge Early Learning Center		0000591330 / 001 - 2006493		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
3085 Meadowlark Ln Altoona WI 547202656		715-514-4500	10/16/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: There was not documentation of the director or director's designee having reviewed the records of injuries with staff every 6 months to ensure that all possible preventive measures are being taken. The last documented review date was 03/05/24.	<i>Task added to master calendar to view/review books every 6 months.</i>	<i>10/18/24 all med. log books were reviewed</i>	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: An Authorization to Administer Medication form for one child's teething relief was written authorizing the administration for six months and the manufacturer's specifications limit the authorization range to three days. Blanket authorizations that exceed the length of time specified on the label are prohibited.	<i>Education given to all staff in regards to medication administration forms and completing correctly given to staff.</i>	<i>10/30/24</i>	

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			Verification Date

NAME - Agency Worker
April Callihan

Date Issued
10/17/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Tessa M...

Date Signed

10/31/24