

Date Correction Plan Due 8/14/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
--	--	---

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 Tender Loving Care Child Care Ctr		Provider Number / Facility ID Number 2000584092 / 002 - 1013740		
Address - Facility (Street, City, State, Zip Code) 250 Josslyn St Oshkosh WI 54902		Telephone Number 920-237-1941	Date - Regulation Visit 7/28/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: there was one bottle of Tylenol in the Snuggle bear room with a blanket authorization.	* The teachers will check their medical boxes every Friday and send medications home. Teachers will not except Tylenol on a as needed bases.	Immediately	
2	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Their were 2 medical authorizations in the snuggle bear room that had expired.	* The teachers will check medical box every Friday for expired medication and send home with parent.	Immediately	

NAME - Agency Worker
Jill Kellner

Date Issued
7/31/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11-7-2025