

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

Date Correction Plan Due

TO FILE A COMPLAINT CALL

**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  
Dellwood Childcare Center  
Provider Number / Facility ID Number  
9000590159 / 001 - 2005224

Address - Facility (Street, City, State, Zip Code)  
238 Harriet St Clintonville WI 549291001  
Telephone Number  
715-823-7215  
Date - Regulation Visit  
5/19/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b> Description: Elephant Room failed to have complete medical authorizations on file. The authorizations were missing child's full name, name of medication and length of authorization.	<i>Meds have been sent home. Review of proper med sheets.</i>	<i>5/20/2026</i>	
2 251.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b> Description: Elephant Room failed to label a medication container with the child's name.	<i>Meds have been sent home</i>	<i>5/20/2026</i>	

NAME - Agency Worker  
Amie Bodart

Date Issued

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Amie Bodart* *6-10-2026*