

Date Correction Plan Due 2/14/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Once Upon A Time School House Presch		Provider Number / Facility ID Number 3000590943 / 001 - 2006098		
Address - Facility (Street, City, State, Zip Code) 237 W Pearl St Belleville WI 535089330		Telephone Number 608-424-1040	Date - Regulation Visit 1/29/2025	
	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 written authorization for medication administration for a child in the toddler room had a blanket authorization when the authorization did not include a time to be administered or a beginning or end date.	Administration reviewed with the staff members what is required to be filled out on Authorization to Administer Medication forms, including the time that the medication is to be administered, the beginning and the end date for the medication and what the medication is for. Also, that staff must check that it is completely filled out prior to parents leaving the medication at the center.	2/4/2025	

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
1/31/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Rebecca Schwenn

Date Signed

2/3/2025