

Date Correction Plan Due 10/7/2025	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 Oregon Daycare Inc	Provider Number / Facility ID Number 9000 58139 / 001 - 120189
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Address - Facility (Street, City, State, Zip Code) 172 N Main St Oregon WI 53575	Telephone Number 608-835-3396	Date - Regulation Visit 9/22/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: Parent provided a blanket medication authorization form to the center for an over-the-counter medication. Blanket authorizations are prohibited.</p>	<p>Parent left this area blank b/c she wanted to talk w/ child's teacher about when to give - if needed. Bottle was never opened b/c child did not need it. Staff (and parents) were informed of all areas needing to be filled out.</p>	9/24/25	

NAME - Agency Worker
Rebecca Brickson

Linda A. Slater

SIGNATURE - Certified Operator or Designee / Licensee or Designee

DCF-F-CFS0294-E (R.06/2011)

Date Issued
9/23/2025

09/29/25

Date Signed

Received
State of Wisconsin

OCT 09 2025

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SOUTHERN
REGIONAL OFFICE