DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/17/2026		715-930-1148

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	
Bethel Highlands Presch		1000582881 / 001 - 1012339	
Address - Facility (Street, City, State, Zip Code) 504 Frontage Rd Hudson WI 54016	**Telephone Number** 715-381-8254	**Date - Regulation Visit** 9/1/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: Medication must be in the original container and labeled with the child's name and the label includes the dosage and directions for administration. One child's prescription medication was missing the doctor's prescription label.	Medication was sent home on 9/3/2026. New medication was returned with Prescription label including dose 9/4/2026.	9/04/2026	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
2	251.07(6)(f)5. **Medication Administration - As Labeled & Authorized** Description: The parent authorization form for prescription medication must include start and end dates for the length of the authorization that do not exceed the time specified on the label of the medication. Two children written authorization for medication that was on the premises were missing start and end dates for the length of the authorization. In addition, one child's medication had expired in 12/2025.	Expired medication was sent home on 9/3/2026. When a new medication is returned a start date will be written on form and end date will be added to form.	9/03/2026	

NAME - Agency Worker
Wendy Badzinski

Date Issued
9/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Mahelle Wehl

Date Signed
09/08/2026