

Date Correction Plan Due 2/18/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Alleluia Blessings Child Care Center		Provider Number / Facility ID Number 0000591270 / 001 - 2006443		
Address - Facility (Street, City, State, Zip Code) 6725 Elmro Rd Greenleaf WI 541269250		Telephone Number 920-532-3892	Date - Regulation Visit 2/3/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: On 2/3/26, there was a medication in the rainforest room did not have dates listed on the authorization.	Expiration date for medication was added to the authorization form. Review of medication authorization forms will be conducted in March staff meeting.	2/3/26 Staff Meeting 3/5/26	
2	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: On 2/3/26, there was an epi pen that did not have a current authorization on site.	New medication authorization form was filled out by mom at pick up Review of medication authorization forms to be conducted at March staff meeting.	2/3/26 Staff Meeting 3/5/26	

NAME - Agency Worker
Jessica Farah, Dao Xiong

Date Issued
2/4/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Abby Tadler

Date Signed

2/5/26