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Date Correction Plan Due 12/18/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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		Provider Number / Facility ID Number	
Tender Loving Care		9000557839 / 001 - 1001681	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
1217 Harrison St Superior WI 548802862		715-394-3269	11/21/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	250.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Child 1 had an inhaler and epi pen at the center without written authorization from the parent.	Inhaler was sent home Authorization form was signed by mom	11/22/24 11/22/24
2	250.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: Child 1 had an inhaler and epi pen at the center and neither were labeled or in original containers.	Inhaler was sent The epi pen is in its original container from pharmacy & has its instructions & exp. date	11/22/24 11/22/24

NAME - Agency Worker Wendy Badzinski	Received State of Wisconsin DEC 23 2024 DCF DECE BECR WRO	Date Issued 12/2/2024 Date Signed 12/15/24
SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Pam Dawson</i>		

