DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 11/13/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 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	
The C H I L D Ctr		4000559624 / 019 - 1008151	
Address - Facility (Street, City, State, Zip Code) 900 E Cascade Ave River Falls WI 54022	**Telephone Number** 715-425-0656	**Date - Regulation Visit** 10/30/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: Written authorizations to administer children's acetaminophen or other medication in the Tadpoles Room, indicated to administer, "As needed," which is prohibited. In addition, one written authorization was missing the date range of the authorization, and another's date range exceeded the length of time specified on the manufacturer's label. Authorizations to administer medication forms must include the child's name and birthdate, name of medication, administration instructions, medication intervals and length of the authorization, and be dated and signed by the parent.	Staff will double check med auth Forms to make sure the correct information is written on the form. They will also make sure symptoms are listed and not "As Needed"	11/3/2026	

NAME - Agency Worker
April Callihan

Date Issued
10/30/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Krysta M Jeyer

Date Signed
11/2/2026