

Date Correction Plan Due 7/31/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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.

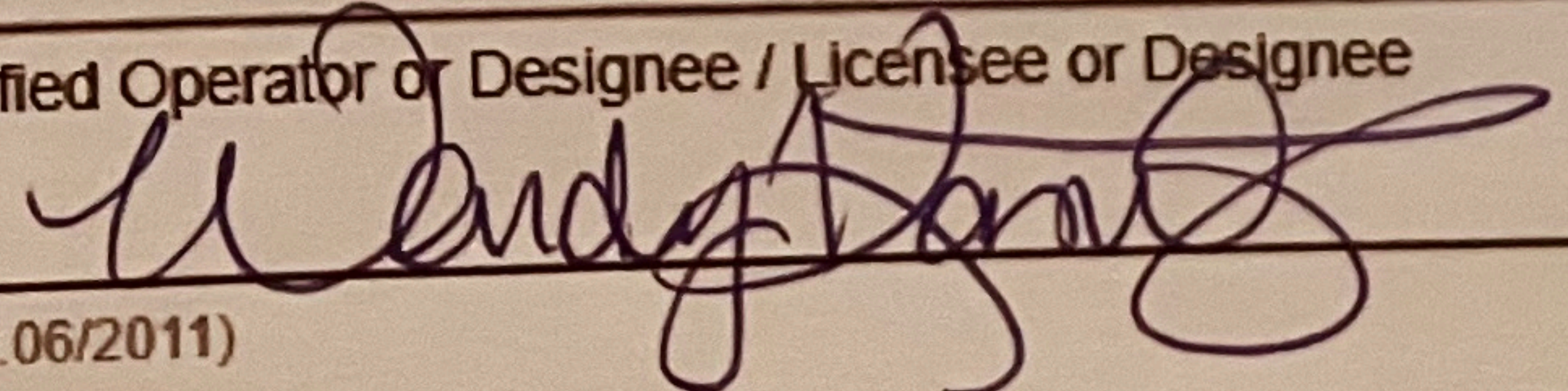
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Northwoods Child Development Center		0000588770 / 001 - 2002733		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1165 Us Highway 45 S Eagle River WI 545219378		715-479-7529	7/16/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(dm)3.c Medical Log - Medication Administration Description: Staff in the 1 year old classroom have not been documenting administration of medication.	<i>All staff will be retrained in administration + documentation of medication.</i>	<i>7/18/2024 (verbal)</i> <i>7/31/24 staff meeting</i>	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Numerous authorization forms for Tylenol had incomplete information. They were missing the child's name, date of birth and complete administration instructions.	<i>All staff will be retrained on how to have parents fill out medication forms</i>	<i>7/18/2024 (verbal)</i> <i>7/31/2024 staff meeting</i>	

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165 Us Highway 45 S Eagle River WI 545219378		715-479-7529	7/16/2024	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: A bottle of Tylenol was not labeled with the child's name.	All staff will be retrained on medication containers + labeling.	7/18/2024 (verbal) 7/31/2024 staff meeting	
4	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Child 1, 2, 3, and 4 did not have documentation that changes in development and routines have been reviewed with a parent/guardian every three months as required. Repeat violation: Previously cited on 1/3/2024, 7/28/2023, 1/18/2023	The director or assistant director will be responsible for checking all under 2's mistakes the beginning of each month, no later than the 5 th of each month.	7/18/2024	

NAME - Agency Worker
Kirsten Kronberger

Date Issued
7/17/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
7/18/2024