

Date Correction Plan Due 3/10/2025	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		State of Wisconsin		Provider Number / Facility ID Number		
Black River Cc And Preschool		MAR 10 2025		1000560621 / 001 - 520003		
Address - Facility (Street, City, State, Zip Code)			Telephone Number		Date - Regulation Visit	
725 N 8Th St Blk River Fls WI 546158802			DCF DECE BECF WRO		1/8/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan			Expected Completion Date	Verification Date
1	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: One child's medication authorization form said "as needed" on the form. Blanket authorizations to administer medication on an "as needed" basis are prohibited.	We will obtain updated medication authorization forms with specific instructions, provide training on proper documentation and will notify parents of requirement			3/04/2025	
2	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: Prescription medication for one child in the 3 year old room was not labeled with the child's name and the prescription label was also missing.	We will immediately ensure all prescription medications are properly labeled with the child's name and prescription details, review medication storage with staff and provide proper training on proper labeling requirements.			3/04/25	

Name - Certified Operator / Licensed Center Black River Cc And Preschool		Provider Number / Facility ID Number 1000560621 / 001 - 520003	
Address - Facility (Street, City, State, Zip Code) 725 N 8Th St Blk River Fls WI 546158802		Telephone Number 715-896-2315	Date - Regulation Visit 1/8/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
			Verification Date

NAME - Agency Worker
Jennifer Stubbe

Date Issued
2/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Glaine Fata

Date Signed

3/04/2025