

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

**TO FILE A COMPLAINT CALL**  
262-446-7800

**Date Correction Plan Due**  
7/12/2024

**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**  
 Our Fathers Luth Early Ch Dev Ctr 8000563948 / 002 - 220390

**Address - Facility (Street, City, State, Zip Code)** **Telephone Number**  
 6021 S Honey Creek Dr Greenfield WI 53221 414-282-9057

	<b>Rule/Statute Number</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<p>251.06(2)(gm)  <b>Premises - Well Drained, Clean, In Good Repair</b></p> <p>Description: There are missing ceiling tiles in the school age bathroom exposing foam insulation. The ceiling fan in the same bathroom is loose and partially hanging from the ceiling.</p> <p>There is a diaper changing surface in the school age bathroom that is covered in dust.</p>	<p>The missing ceiling tiles were replaced and the ceiling fan plastic cover mounting clip has been repaired.</p> <p>The diaper changing surface has been removed from the area as it is currently not being used for the space.</p>	June 28, 2024	

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Address - Facility (Street, City, State, Zip Code)  
6021 S Honey Creek Dr Greenfield WI 53221

Telephone Number  
414-282-9057

Date - Regulation Visit  
6/26/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>2 251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b></p> <p>Description: The authorization for an EpiPen medication being stored at the center ended on 12/11/23.</p> <p>The authorization for Simethicone medication and a liquid medication being stored in the infant room ended on 06/04/24.</p> <p>There is no authorization for a teething gel being stored in the infant room.</p> <p>Repeat violation: Previously cited on 10/4/2022</p>	<p>The staff have been reminded to check authorizations for medications monthly to ensure we have proper dates and authorization for administering any medications at the center.</p> <p>The medications no longer in use have been sent home, and medications currently being used have updated medical authorization forms.</p>	July 15, 2024	

NAME - Agency Worker

Daniel Noel

Date Issued  
6/26/2024

SIGNATURE Certified Operator or Designee / Licensee or Designee

Date Signed  
6/28/2024