

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
2/14/2025

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 Our Fathers Luth Early Ch Dev Ctr
Provider Number / Facility ID Number 8000563948 / 002 - 220390

Address - Facility (Street, City, State, Zip Code) 6021 S Honey Creek Dr Greenfield WI 53221
Telephone Number 414-282-9057
Date - Regulation Visit 1/29/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: Benadryl gel is being stored in the infant room, however there is no authorization for this medication.</p>	<p>Staff were reminded that an authorization is needed for any medication - prescription or over the counter. The medication was also sent as it was not in use.</p>	<p>January 29, 2025</p>	
<p>2 251.07(6)(f)1.b. Medication Administration - Containers & Labeling</p> <p>Description: There is a container of Benadryl gel being stored in the infant room that is not labeled.</p>	<p>Staff were reminded to label all medications with the child's first and last name brought in with an authorization form.</p>	<p>January 29, 2025</p>	

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3 Current Authorizations For Medications On Premises Description: A parent authorization for a cold relief syrup being stored in the infant room, ended on 09/28/24. Repeat violation: Previously cited on 6/26/2024	Staff were reminded once an authorization for medication form is ended, the form needs to be filed and medication needs to be sent home, or the authorization form needs to be updated.	January 29, 2025	

NAME - Agency Worker
Daniel Noel

Date Issued
1/30/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

2/6/2025