

<b>Date Correction Plan Due</b> 6/25/2026	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 608-422-6765
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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.

<b>Name - Certified Operator / Licensed Center</b> Child Life Ministries		<b>Provider Number / Facility ID Number</b> 4000558034 / 001 - 120456		
<b>Address - Facility (Street, City, State, Zip Code)</b> 5529 Marsh Rd McFarland WI 535589690		<b>Telephone Number</b> 608-838-4425	<b>Date - Regulation Visit</b> 6/9/2026	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<p>251.07(6)(f)1.b. <b>Medication Administration - Containers &amp; Labeling</b></p> <p>Description: Non-prescription medication was not labeled with the child's name and prescription medication did not have a label with the child's name, dosage and directions for administration.</p> <p>Repeat violation: Previously cited on 7/18/2024</p>	<p>Medication was sent home and returned with the correct labels.</p>	6/15/2026	
2	<p>251.07(6)(f)6. <b>Current Authorizations For Medications On Premises</b></p> <p>Description: A medication intended for use by a child did not have a current medication administration authorization form from the parent.</p>	<p>Medication authorization forms were sent home to families to fill out and return.</p>	6/17/2026	

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Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected  
Completion Date

Verification  
Date

NAME - Agency Worker

Rebecca Brickson

Date Issued

6/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Dana Phelan*

Date Signed

6/17/2026