

Date Correction Plan Due 9/4/2025	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		
Little Friends Of Jesus Child Care Center		0000560770 / 001 - 620416		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1114 12Th Ave W Ashland WI 548062730		715-682-5185	8/4/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 2 as identified on the child record checklist, did not have an updated health report on file.	<i>We have requested updated health report from all parents leaving the infant room going to toddlers -(2yrs) They have an appointment.</i>	<i>9/2/25</i>	
2	251.05(2)(a)2. Staff Record - Completed Background Check Description: Staff A did not have a background check on file and was working at the center while children were present.	<i>Staff was Assigned elsewhere or home until Preliminary came in. Then supervised. Final came in 8/22/25</i>	<i>8/22/25</i>	

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3 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B and staff C did not have current CPR certificates on file. Repeat violation: Previously cited on 8/8/2024	Staff is taking the online course and will be completed by 9/2/25 other staff gave the certificate to me, and is good through 8/20/26	9/2/25 8/7/25	
4 251.06(2)(d) Access To Materials Potentially Harmful To Children Description: Per observation, in the toddler room there was sunscreen accessible to children.	Sunscreen has now been moved to an upper cabinet.	8/5/25	
5 251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Child 1 as identified on the staff/child ID key, did not have a current authorization on file for Benadryl. Child 3 did not have a current authorization for Children's Ibuprofen.	We have updated all children's medication authorizations and sent old medications home	8/8/25	
6 251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: Child 2 as identified on the staff/child ID key, did not have an epi pen in the original box labeled with the child's name.	Mother took old Epi Pen home and is bringing a new one still in the box.	8/7/25	

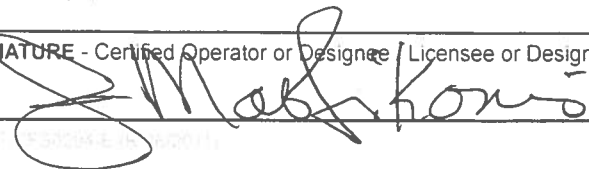
Name - Certified Operator / Licensed Center Little Friends Of Jesus Child Care Center		Provider Number / Facility ID Number 0000560770 / 001 - 620416	
Address - Facility (Street, City, State, Zip Code) 1114 12Th Ave W Ashland WI 548062730		Telephone Number 715-682-5185	Date - Regulation Visit 8/4/2025
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7 251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: Child 1 as identified on the staff/child ID key, had expired medication. Child 2 had an expired epi pen, Benadryl and Claritin. Child 4 had expired hydrocortisone cream.	1 + 4 expired medications have been sent home #2 Parent is bringing New medications in original Packages to update + new med requests	8/7/25 8/7/25	
8 251.07(6)(f)6. Current Authorizations For Medications On Premises Description: There was a bag of unlabeled and unauthorized medications which include children's Zyrtec, children's Tylenol, children's Motrin and children's Benadryl.	We found those meds to be a staff members meds for her own children. those meds are being sent home.	8/25/25	

NAME - Agency Worker
Brooke Lampe, Dezarae Wierzba

Date Issued
8/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



8/24/25