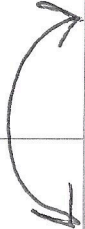


Date Correction Plan Due 6/18/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and 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 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 6/1/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)4.a. Staff Record - Registry Certificate Description: Staff C does not have a registry certificate documenting that she meets the educational qualifications for her position.	Staff received transcripts and they will be put in her file when she brings them to us	6/19/26	
2	251.05(2)(a)5. Staff Record - High School Diploma Description: Staff C does not have documentation that she has completed high school or its equivalent on file.	Staff has contacted high school. She will send transcripts to Registry when she receives them	7/1/26	unsure how long registry will take to verify



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Little Friends Of Jesus Child Care Center		0000560770 / 001 - 620416		
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log books at the center have not been reviewed every 6 months.	Both log books were reviewed by the Director on 6/2/26	6/2/26	
4	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A cold and cough medication at the center did not have specific times for administration listed on the parent medication authorization. Repeat violation: Previously cited on 8/4/2025	Cough medicine was sent home with family	6/2/26	
5	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: A medication at the center did not have a current medication administration authorization from the parent. Repeat violation: Previously cited on 8/4/2025	Cough medicine was sent home with family	6/2/26	

NAME - Agency Worker
Brooke Lampe

Date Issued
6/4/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Messa L. Kroon

Date Signed

4/11/26