DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
3/30/2026		715-361-7700

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	
Flambeau River Early Learning Center		7000573797 / 021 - 2008769	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
485 5Th Ave S Park Falls WI 545521131	715-620-2156	3/12/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. **Child Record - Health History** Description: Child 2, 4, 6 and 8 do not have health history information on file.	I will get the health history forms on file	3/31/2026	
2	251.04(6)(a)8.a. **Child Record - Physical Exam - Under 2** Description: Child 3 did not have an updated health report on file. The current report expired December 2025.	I will get an updated health report	3/31/2026	

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3	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: Staff I does not have a current CPR certificate on file.	I will Put the certificate in the file and email certificate to Brooke.	3/31/2026	
4	251.06(9)(d)2.a. **Food Storage - Dry Food** Description: Dry foods in the kitchen (cereal, chocolate chips, marshmallows, flour, noodles and muffin mix) were not stored in a zip-type bag or food-grade plastic container or labeled.	I orded containers and will Put them in when they arrive	3/31/2026	
5	251.07(6)(dm)3.c **Medical Log - Medication Administration** Description: Child 1 on the Child ID Key was administered medication on 3/5/26 and it was not documented in the medical log book.	Discussed with staff medication Policies	3/31/2026	
6	251.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: Child 1 on the Child ID Key had a medication at the center that was not labeled with the child's name, dosage or directions for administration.	Discussed medication Policies	3/31/2026	

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7	251.07(6)(f)6. **Current Authorizations For Medications On Premises** Description: Child 1 on the Child ID Key did not have a current medication administration authorization on file.	Discussed medication Policies	3/31/2026	

NAME - Agency Worker
Brooke Lampe, Dezarae Wierzba

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Hannah Silvers

Date Issued
3/16/2026

Date Signed
3/16/2026

DCF-F-CFS02644 (R.05_011)