DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 7/27/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL

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 252.47(7)(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
Phelps Day Care	700058861? / 001 - 2101241

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4451 Old School Rd Phelps School Phelps WI 545549237	715-545-2724	7/24/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Staff G and H did not have a current Abusive Head Trauma training certificate on file.	Upcoming training 7/28/26 will be completed for "G" and "H"	7/28/26	
2	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff G and H did not have a current Mandated Reporter training certificate on file.	Upcoming training 7/28/26 will be completed for "G" and "H"	7/28/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Phelps Day Care		7000588617 / 001 - 2101241	
Address - Facility (Street, City, State, Zip Code) 4451 Old School Rd Phelps School Phelps WI 545549237	**Telephone Number** 715-545-2724	**Date - Regulation Visit** 7/24/2026	
Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 251.06(11)(b)7. **Outdoor Play Space - Enclosure** Description: The fencing around the outdoor play space is not 4 feet in height. Repeat violation: Previously cited on 8/18/2025	Replacing fence per maintenance	8/28/26	
4 251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: Medication kept at the center did not have a current medication authorization form signed by the parent.	Medication authorization form completed and signed by parent.	7/28/26	
5 251.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: An epi pen kept at the center was not in the original packaging with the child's name and label.	Original packaging for the epi pen was requested and provided to the center.	7/28/26	

NAME - Agency Worker
Brooke Lampe

Date Issued
7/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/28/26