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
10/30/2026	OCT 29 2026	

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
Alicia Phillips		2000594862 / 001
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
518 La Plant St Green Bay WI 543023610	920-264-2789	10/20/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(1)(b)3.a. **Each Certified Child Care Operator And Each Provider Shall Comply With S. 48.651 And Complete Training Including At Least 2 Credits In Early Childhood Education Or A Non-Credit Course In Caring For Children That Is Approved By The Department.** Description: Foundational Training course Introduction to the Childcare Profession not completed within 3 months of Provisional Certification, extension granted.	Class is Signed up for & will be Completed by 1/21/27	1/21/27	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Alicia Phillips		2000594862 / 001	
Address - Facility (Street, City, State, Zip Code) 518 La Plant St Green Bay WI 543023610	**Telephone Number** 920-264-2789	**Date - Regulation Visit** 10/20/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	202.08(1)(b)3.b. **Each Certified Child Care Operator And Each Provider Shall Comply With S. 48.651 And Complete A Non-Credit Course In Operating A Child Care Business That Is Approved By The Department Or A Course For Credit In Business Or Program Administration.** Description: Foundational course Fundamentals of Family Childcare not completed within 3-months of Provisional certification, extension granted.	Enrolled in course & will be completed 11/2/27	OCT 29 2026 11/2/27	
3	202.08(1)(b)4.b. **A Provisional Certified Child Care Operator Shall Complete Department-Approved Preservice Training Under Subd 3. Within 3 Months After Provisional Certification.**	Enrolled in both courses	11/2/27	

NAME - Agency Worker
Patti Barry

Date Issued
10/20/2026 10/26/26

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed