Date Correction Plan Due 9/25/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL** 715-930-1148

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**	
Altoona Family Child Care Ctr Llc		0000584720 / 002 - 1014543	
Address - Facility (Street, City, State, Zip Code) 819 S Hillcrest Pkwy Altoona WI 547202701	**Telephone Number** 715-552-5437	**Date - Regulation Visit** 6/23/2026	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.06(2)(gm) **Premises - Well Drained, Clean, In Good Repair** Description: An active wasp nest was observed inside the outdoor play log house.	bee hive was sprayed right away and removed from the playground area	6/23/26	
2	251.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: A child's cough drops were not in the original container and labeled with child's name and the label includes the dosage and directions for administration, as required.	medication was removed from room + all future medication will be in correct bag/box	6/23/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date** / **Verification Date**
3	251.09(3)(a)2. **Infant & Toddler - Food & Formula Brought From Home** Description: Bottles from home in the Forest Room refrigerator were not labeled with the child's name and dated, as required.	all bottles will be labeled and dated upon arrival to the classroom	6/23/26

NAME - Agency Worker
April Callihan

Date Issued
9/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed 9/14/26