Date Correction Plan Due 10/21/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 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.

Received
OCT 14 '26
DCF - NRO

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Ms. Barb's House Llc		6000569366 / 002 - 2004881
Address - Facility (Street, City, State, Zip Code) 2020 Charlotte St Antigo WI 544092902	**Telephone Number** 715-479-2782	**Date - Regulation Visit** 10/1/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Child 1 did not have record of current health report on file. Repeat violation: Previously cited on 11/12/2025	I will obtain a record of current health report for Child 1 from parent. In the future, I will remind parent frequently when documents are needed.	10/16/26	
2	250.06(3)(b) **Emergency Plans - Practice** Description: Fire and tornado drills were not documented for June, July, August, and September of 2026. Per staff interview, drills were practiced. Repeat violation: Previously cited on 10/9/2024	Tornado drill will be documented for October. Fire drills will be documented for October, November + December. From now on, documentation will be written down immediately after drill takes place.	10/14/26 beginning of each month	

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2020 Charlotte St Antigo WI 544092902	715-479-2782	10/1/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Heather Struck

Date Issued
10/6/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Barbara T. Gagnon

Date Signed
10/9/26