

Date Correction Plan Due 2/4/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 A-Binoojii Child Development Center		Provider Number / Facility ID Number 8000561378 / 001 - 630487		
Address - Facility (Street, City, State, Zip Code) 3120 Eagles Nest Ln Crandon WI 545208110		Telephone Number 715-478-6444	Date - Regulation Visit 1/14/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(4)(d) Exits & Passageways - Unobstructed, Minimum Width Description: Exit doors were locked and required more than a one-hand and one-motion to open them.	<i>I will be sure doors are unlocked during each day we are open</i>	<i>2/4/26</i>	
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log book was not reviewed within the last six months to ensure all possible preventive measures are being taken.	<i>I will review med log book every 6 months as I was unaware I needed to complete this.</i>	<i>2/4/26</i>	

NAME - Agency Worker
Heather Struck

Date Issued
1/20/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jonica Smith

Date Signed

01/20/2026