

Date Correction Plan Due 1/22/2026	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 Leroyer Child Care Center		Provider Number / Facility ID Number 1000556521 / 001 - 1004260		
Address - Facility (Street, City, State, Zip Code) 1003 Mcmillan Ave Antigo WI 544091629		Telephone Number 715-623-3231	Date - Regulation Visit 12/12/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: One staff in the Infant Room and Two staff in the Discovery Zone Room were not signed in. Repeat violation: Previously cited on 5/14/2025	Education provided to staff on staff record requirements. Periodic checks completed to ensure compliance.	1/7/26	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: The parent authorization to administer for one medication in the Happy Hoppers Room was verbally changed to be as needed with symptoms and did not include specific times to administer. Staff administered as needed per the verbal change and did not have written documentation of specific times to administer.	Re-education was provided to staff on requirements & documentation needed to administer medications.	1/7/26	

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NAME - Agency Worker
Heather Struck

Date Issued
1/7/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Samantha Zuppon

Date Signed
1/7/26