

Date Correction Plan Due 8/13/2025	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.

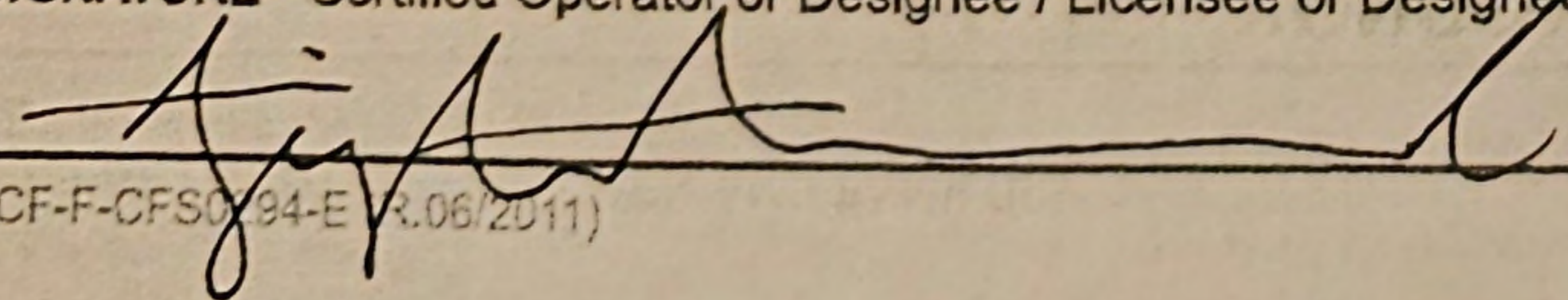
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Antigo Child Care Inc		5000592055 / 001 - 2007281	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
925 5Th Ave Antigo WI 544091974		715-350-0344	7/1/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.07(6)(dm)3.a. Medical Log - Observation Or Evidence Of Injury Description: A child was scratched on the neck by another child. When the injury was brought to the attention of staff by parents the injury was not documented in the medical log book.	Going over medlog protocol along with accident report protocol. Staff will be required to do a nightly/daily check to ensure logs are up to date.	08-03-2025
2	251.09(1)(L) Infant & Toddler - Soft Materials In Cribs Description: An 8 month old was sleeping in a swing with a blanket.	Going over sleeping baby protocol.	07-21-2025

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
3	251.09(2)(bm) Infant & Toddler - Sleep Position Description: An 8 month was sleeping in a swing.	Going over safe sleep protocol and setting timers / working on transitioning babies before falling asleep.	07-21-2025

NAME - Agency Worker
Heather Struck

Date Issued
7/29/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
07/30/2025