

Date Correction Plan Due
10/10/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN**

TO FILE A COMPLAINT CALL
920-785-7811

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.

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|---|---|--|-------------------------------------|------------------------------|
| Name - Certified Operator / Licensed Center | | Provider Number / Facility ID Number | | |
| Kiddy Kangaroos Daycare Llc | | 4000590844 / 003 - 2006434 | | |
| Address - Facility (Street, City, State, Zip Code) | | Telephone Number | Date - Regulation Visit | |
| W3853 Ridge Point Rd Appleton WI 549138323 | | 920-422-2757 | 9/25/2024 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 250.05(3)(e)2. Provider Training - Current Cpr Certificate Description: Based on record review on 9/25/24 according to the Staff Record Checklist Staff Member A failed to have current CPR on file. | Get updated CPR training and turn it into the state registry | 11/01/2024 | |
| 2 | 250.05(4)(c)4. Continuing Education - Documentation Of 12 Month Period Description: Based on record review on 9/25/24 according to the Staff Record Checklist Staff Member A failed to have any continuing education on file for 2023. | Work on workbooks and get mailed to registry | 12/31/2024 | |

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|---|---|---|---|------------------------------|
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| 3 | 250.055(1)(e) Supervision Provided By Trained Individuals Description: Based on interview and record review a volunteer used to meet ratios during the week of September 16-20th, 2024 failed to have required training prior to supervising children. | Have volunteer complete training, keep record of it | 11/01/2024 | |

NAME - Agency Worker
Cassandra Debauche, Clint Smith

Date Issued
9/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Ashley Combs

Date Signed

09/30/2024