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| Date Correction Plan Due 4/17/2025 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 920-785-7811 |
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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.

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| Name - Certified Operator / Licensed Center Zaruba Family Child Care | | Provider Number / Facility ID Number 6000580256 / 001 - 2002926 | | |
| Address - Facility (Street, City, State, Zip Code) 1033 W Spencer St Appleton WI 549145317 | | Telephone Number 920-749-0041 | Date - Regulation Visit 4/1/2025 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 250.06(3)(b) Emergency Plans - Practice Description: Based on record review on 4/1/25 the program failed to practice and document emergency plans and drills in the 2025 year. The program failed to practice and document fire drills in the months of January, February and March. | <i>I will practice and document emergency plans, including fire + tornado drills, every month.</i> | <i>4/10/2025</i> | |
| 2 | 250.06(4)(a)3. Smoke Detectors - Testing Description: Based on record review on 4/1/25 the program failed to test the smoke alarms monthly in the 2025 year. The program failed to test the smoke detectors in the months of January, February and March. | <i>I will test smoke and carbon monoxide detectors every month.</i> | <i>4/10/2025</i> | RECEIVED NERO - GREEN BAY APR 15 2025 |

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NAME - Agency Worker
Cassandra Debauche

Date Issued
4/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Dawn Zaruba

Date Signed

04-10-2025