

<b>Date Correction Plan Due</b> 8/16/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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)(l) 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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Celebrate Neurodiversity - Autism Ctr		7000589847 / 001 - 2004606		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
2512 S Carleton Ave Appleton WI 549151177		920-364-9267	7/30/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a) <b>Child Record - Maintenance &amp; Availability</b>  Description: Of 6 Children's Records reviewed 1 missing/unavailable for review.  Repeat violation: Previously cited on 7/28/2023	Go through files and contact parents for any missing forms.	12/1/2024	
2	251.04(6)(a)8. <b>Child Record - Physical Examination</b>  Description: Of 6 Children's Records reviewed 1 was missing documentation of an exam.  Repeat violation: Previously cited on 7/28/2023	Contact parents for any missing forms.	12/1/2024	

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3	251.05(2)(a)7. <b>Staff Record - Continuing Education</b> Description: Of 7 Staff Records reviewed 2 were missing documentation of continuing education hours.	Review with staff continuing education requirements and check monthly to monitor compliance.	12/1/2024	
4	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b> Description: Of 7 Staff Records reviewed 1 was missing documentation of current CPR from an approved agency. Repeat violation: Previously cited on 7/28/2023, 8/16/2022	Ensure all CPR certifications are through approved agencies with staff.	12/1/2024	
5	251.05(3)(gr)3.a. <b>Meal Prep Personnel - Training</b> Description: Center failed to have a designated meal prep personnel. Personnel doing food prep were missing documentation of a sanitation training course.	Shift leads will complete ServSafe Food Handler training.	2/1/25	

NONCOMPLIANCE STATEMENT AND CORRECTION

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6	251.07(6)(dm)3.c <b>Medical Log - Medication Administration</b>  Description: Medical log entries failed to contain all the required documentation. A child care worker shall record in the medical log any medication dispensed to a child, on the date the medication is dispensed. The record shall include the name of the child, type of medication given, dosage, time, date and the initials or signature of the person administering the medication.	Review medical log procedures with all staff to ensure requirements are understood.	12/1/2024

**NAME - Agency Worker**  
Ruth Sprangers

**Date Issued**  
8/2/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

3/1/2025