

Date Correction Plan Due 8/28/2025	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)(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. 48.857. 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 Celebrate Neurodiversity - Autism Ctr		Provider Number / Facility ID Number 7000589847 / 001 - 2004606		
Address - Facility (Street, City, State, Zip Code) 2512 S Carleton Ave Appleton WI 549151177		Telephone Number 920-364-9267	Date - Regulation Visit 7/29/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8. Child Record - Physical Examination Description: Of 4 Children's Records reviewed 1 failed to have documentation of an exam. Repeat violation: Previously cited on 7/30/2024	<i>We will send health exam forms to any parents whose child is missing their form. We will follow up with parents until it is returned.</i>	10/01/25	
2	251.05(2)(a)7. Staff Record - Continuing Education Description: Of 5 Staff Records reviewed 3 failed to have documentation of 15 continuing education hours annually. Repeat violation: Previously cited on 7/30/2024	<i>Staff will be reminded regularly and sent training opportunities offered through the Wisconsin Registry.</i>	10/01/25	

Name - Certified Operator / Licensed Center Celebrate Neurodiversity - Autism Ctr		Provider Number / Facility ID Number 7000589847 / 001 - 2004808		
Address - Facility (Street, City, State, Zip Code) 2512 S Carleton Ave Appleton WI 549151177		Telephone Number 920-384-9287	Date - Regulation Visit 7/29/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Of 5 Staff Records reviewed 1 failed to have documentation of current CPR training. Repeat violation: Previously cited on 7/30/2024	The director will review <u>accredited</u> CPR options with new hires and staff needing to renew to ensure they are taking CPR courses that meet DCF standards.	9/30/25	
4	251.05(3)(gm)3. Program Aide - Training Description: Of 5 Staff Records reviewed 1 failed to have documentation of a qualifying training course.	We will review course training requirements with any staff needing to complete the Intro to Childcare course.	10/01/25	
5	251.06(9)(d)2.a. Food Storage - Dry Food Description: Open dry foods failed to be stored in food grade containers.	We will purchase plastic bags large enough to fit all products that open without self-sealing capabilities.	8/18/25	

NAME - Agency Worker
Ruth Sprangers

Date Issued
8/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

8/18/2025