

Date Correction Plan Due  
5/9/2025

# NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL  
715-361-7700

**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

Kathys Giggles-N-Wiggles Ccc

Provider Number / Facility ID Number

8000578208 / 001 - 1008164

Address - Facility (Street, City, State, Zip Code)  
213217 Legion St Stratford WI 544845031

Telephone Number  
715-687-3344

Date - Regulation Visit  
4/23/2025

Rule/Statute Number  
Noncompliance Statement

Correction Plan

Expected Completion Date

Verification Date

1 250.06(2)(n)1.a.  
**Radon - Testing**  
  
Description: Radon testing has not been conducted and it was due by 9-2023.  
  
Repeat violation: Previously cited on 5/15/2024

I started radon test on 5-11-25. Will mail 5-14-25 will email results as soon as I receive them

5-14-25

2 250.07(7)(a)  
**Pets & Animals - Health & Immunization**  
  
Description: Provider's dog, Kash, does not have a current rabies vaccination.

First available appt. I was able to get for Kash @ Cooper. Will have their vaccination done on 6-7-25

6-7-25

NAME - Agency Worker  
Bonnie Davis

Date Issued  
4/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Kathy Englebertson*

Date Signed  
5-11-25