

Date Correction Plan Due 2/24/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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.

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 2/6/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(6)(a)4.a. Child Record - Physical Exam - Under 2 Description: Child 2 did not have a current health report on file.	Let Parents know form needed	3-2 2026	
2	250.04(6)(a)4.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 1 did not have a current health report on file.	Let parents know form needed	3-2 2026	

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3	250.06(4)(b) Fire Extinguisher Description: The provider does not have a fire extinguisher on premises with at least a 2A-10BC rating. Repeat violation: Previously cited on 5/15/2024	Bought new one	2-16 2026	
4	250.07(6)(g)1. Hand & Face Washing Description: A child blew her nose several times and did not wash her hands after.	talked to Kid's warden close	2-7 2026	
5	250.09(1)(c)4. Infant & Toddler - Soft Materials In Cribs Description: A child under one year of age was sleeping in a pack 'n' play with two blankets.	Blankets not giving at nap	2-7 2026	

NAME - Agency Worker
Dezarae Wierzba, Amanda Foley

Date Issued
2/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed