DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/6/2026		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		Provider Number / Facility ID Number	
Kathys Giggles-N-Wiggles Ccc		8000578208 / 001 - 1008164	
Address - Facility (Street, City, State, Zip Code) 213217 Legion St Stratford WI 544845031	**Telephone Number** 715-687-3344	**Date - Regulation Visit** 10/19/2026	

	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 1 does not have a health report on file. Repeat violation: Previously cited on 2/6/2026	Requested health report from parent. Parent returned next day 10.20.26	10-20-26	
2	250.04(6)(a)4.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Child 2 does not have an updated health report on file. Repeat violation: Previously cited on 2/6/2026	Requested Physical exam from parent. Parent returned next day 10.20.26	10-20-26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	250.04(6)(a)4m. **Child Record - Immunization History Compliance** Description: Child 1 does not have record of immunizations on file.	Requested Immunization History from Parent. Parent returned next day 10-20-26	10-20-26	
4	250.05(3)(e)2. **Provider Training - Current Cpr Certificate** Description: Provider A does not have documentation of current CPR certification with training in the use of an AED.	Took online course Protraining 5.	10-23-26	
5	250.05(3)(fm) **Biennial Training - Child Abuse & Neglect** Description: Provider A does not have documentation of biennial training in child abuse and neglect reporting.	Watched online	10-22-26	
6	250.05(4)(c)4. **Continuing Education - Documentation Of 12 Month Period** Description: Provider A does not have documentation of continuing education on file.	I read books and took online training. Finishing one online Class left.	All complete but one Class will finish by 11-7-26	

NAME - Agency Worker
Amanda Foley

Date Issued
10/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kathy Englebretson

Date Signed
11-5-26