

Date Correction Plan Due
7/9/2026

**NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN**

TO FILE A COMPLAINT CALL
608-422-6765

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.

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Squeals Of Joy

7000572247 / 001 - 1002345

Address - Facility (Street, City, State, Zip Code)

4808 Mckenna Rd Monona WI 53716

Telephone Number

608-320-1628

Date - Regulation Visit

6/22/2026

	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, who is under 2 years of age, did not have documentation of a follow-up health exam due every 6 months.	I asked her mom for her latest check up and she brought it to me	7/1/26	
2	250.05(3)(fm) Biennial Training - Child Abuse & Neglect Description: Staff A did not complete Child Abuse and Neglect Training prior to working with children in care and every two years thereafter.	I sent Staff A the Link to do this training.	8/1/26	

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4808 Mckenna Rd Monona WI 53716		608-320-1628	6/22/2026	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	250.05(3)(g) Provider Training - Abusive Head Trauma Description: Staff A did not complete Abusive Head Trauma training prior to working with children.	I emailed the Link to the ABT training to Staff A.	8/1/26	
4	250.08(4)(c)1. Driver Record - Obtain & Review Description: Licensee did not have documentation of annual driving record.	I got my annual driving record and emailed it to licensar.	6/22/26	
5	250.08(5)(b) Vehicle Inspection Form Description: Licensee did not have documentation of annual vehicle inspection.	When I'm able to drive after my TKR I will make an appointment for the inspection	8/1/26 8/1/26	
6	250.09(4)(g) Infant & Toddler - Diapering Lotions, Powders, Salves Description: Provider did not have documentation from a parent or child's physician directing the use of lotions, powders or salves used during diapering.	I printed the form to be able to apply the lotions/diaper creams for each child that needs these and put child's name on the tubes	6/26/26	

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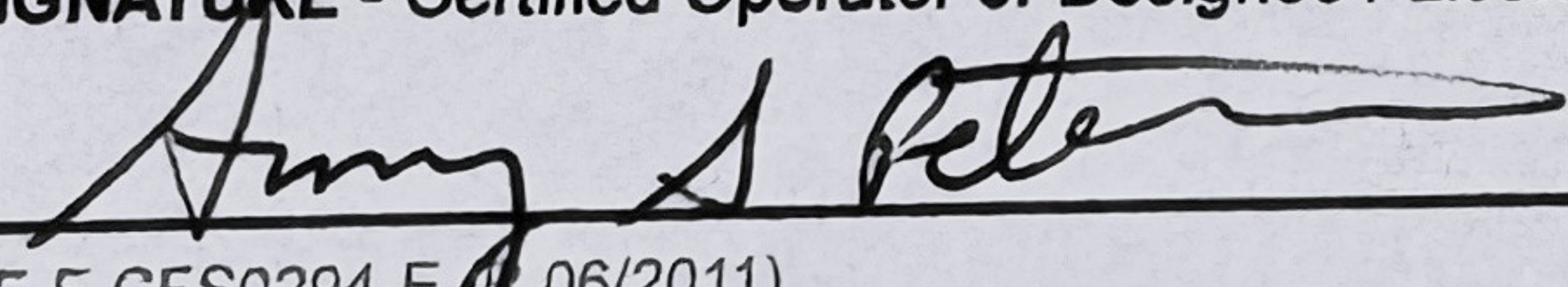
Expected
Completion Date

Verification
Date

NAME - Agency Worker
Rebecca Brickson

Date Issued
6/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

7/2/26