

Date Correction Plan Due 3/31/2025	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)(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 The Peanut Gallery Cc And Lrng Ctr		Provider Number / Facility ID Number 2000587762 / 001 - 2001273		
Address - Facility (Street, City, State, Zip Code) 315 S Adams St Valders WI 542459207		Telephone Number 920-953-4000	Date - Regulation Visit 3/12/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(b) Abusive Head Trauma Prevention Training Description: One staff member did not have her abusive head training certificate in her file prior to working with children - see checklist.	Meet with new staff member $\frac{1}{3}$ have her complete A.H.T online	3.28.25	
2	251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: One staff member did not have an orientation in her file after her first week of employment - see checklist.	Meet with new staff member to complete orientation	3.28.25	

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3	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: three of the 4 medical logbooks in the classrooms were last reviewed in May of 2024.	Set Reminder to review books on time.	3.28.25
4	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: The infant room had 2 intakes that were not current (updated once every 3 months). The one-year-old room had 4 intakes that were not updated.	Both rooms had their forms sent out to families for completion. We are just waiting for some to return.	4.4.25

NAME - Agency Worker
Jill Kellner

Date Issued
3/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jackie Kiesow

Date Signed

3.24.25