

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

PLAN

TO FILE A COMPLAINT CALL
715-930-1148

Date Correction Plan Due
10/16/2025

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

Giggles-N-Wiggles Child Care Llc

Provider Number / Facility ID Number

9000592739 / 001 - 2007860

Address - Facility (Street, City, State, Zip Code)
2570 Grace Dr 103 Baldwin WI 540024404

Telephone Number
715-607-1360

Date - Regulation Visit
9/29/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.055(2)(c) Mixed-Age Group - Staff-To-Child Ratio</p> <p>Description: Staff-to-Child ratios were not maintained in the center when 1 of the 2 staff members stepped outside for a break. The mixed age group was required to have both staff according to the calculation of the Staff-to-child ratio worksheet. For a mixed-age group a numerical weight 1.05 or above would require 2 staff persons. The numerical weight was 1.379.</p>	<p>Director will double check the teachers weighing out ratios for mixed age group use form and not go over and staff in</p>	10/16/25	
2	<p>251.06(2)(h) Smoking Prohibited On Premises And In Vehicles</p> <p>Description: On the day of the monitoring visit, a staff member was observed smoking outside the Koalas room on the curb. Per rule smoking is prohibited on the premises when children are in care.</p>	<p>Make sure all staff leave the premises</p>	10/16/25	

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Wendy Badzinski

Date Issued
10/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10/16/25