

*Candy Hall*  
TO FILE A COMPLAINT CALL  
2024 20-886-121

Date Correction Plan Due  
10/25/2024

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

RECEIVED DEC 20 2024

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, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center  
Twigs-Nature Inspired Child Care  
Provider Number / Facility ID Number  
7000591527 / 001

Address - Facility (Street, City, State, Zip Code)  
3500 Irene St Appleton WI 54913  
Telephone Number  
920-851-5442  
Date - Regulation Visit  
10/3/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(2)(m)1. Pets in The Home Shall Be Tolerant Of Children And Vaccinated Against Rabies. The Rabies Vaccination Shall Be Documented With A Current Certificate From A Veterinarian.  Description: Pet Harvey rabies vaccination is expired per records.	Harvey has an appointment to be vaccinated 12/14/24 I will put a reminder in the calendar	11/14/24	

NAME - Agency Worker  
Lesse Alston  
SIGNATURE - Certified Operator or Designee / Licensee or Designee  
Date Issued  
10/3/2024  
Date Signed  
10/10/24