| Date Correction Plan Due | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL |
|---|---|---|
| 9/24/2026 | | 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)(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 |
|---|---|---|
| Gingerbread Too Preschool And Child Care Center | | 1000556301 / 002 - 2009380 |
| **Address - Facility (Street, City, State, Zip Code)** | **Telephone Number** | **Date - Regulation Visit** |
| 672 Johnson St Watertown WI 530946211 | 920-285-9087 | 9/3/2026 |

| | Rule/Statute Number<br>Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
|---|---|---|---|---|
| 1 | 251.04(3)(n)<br>**Report - Change In Meal Prep Arrangements**<br><br>Description: The center did not report a change in meal preparation arrangements at least 5 days before the change when they began preparing meals on 09/02/2026 on the premises in a kitchen that had not been approved. | The list of DCF reportable changes was reviewed. | 9/3/2026 | |
| 2 | 251.04(6)(a)6m.<br>**Child Record - Immunization History**<br><br>Description: Child 2 did not have a documentation indicating the child's immunization history as required. | The form was given to the parent again. | 9/21/2026 | |

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| 3 | 251.04(7)(a)<br>**Disclosure Of Personal Information**<br><br>Description: Staff disclosed a child's personal information when the child's medical record has personal, medical information and is posted in the classroom. | Child's name was covered and all staff were reminded that the information posted was for that child | 9/3/2026 | |
| 4 | 251.07(5)(a)6m.<br>**Record Of Parent-Provided Snacks**<br><br>Description: Snacks are provided by parents in the 4K classroom and a record of snacks is not posted and accessible to parents. | Staff were told to post all meals/snacks in Brightwheel. | 9/3/2026 | |
| 5 | 251.09(1)(L)<br>**Infant & Toddler - Soft Materials In Cribs**<br><br>Description: An infant nearly five months old, was swaddled while sleeping in the nap room and the center did not have written permission from the child's parents. Swaddling an infant is not recommended after one month of age. | Safe sleep practices were reviewed with staff and parent was given back the swaddle to take home | 9/4/2026 | |
| 6 | 251.09(4)(a)3.<br>**Infant & Toddler - Diaper Changing Surface Disinfection**<br><br>Description: The changing surface was not easily cleanable when there is a tear in the changing pad in the toddler room. | Diaper changing surface was changed out with a new one. | 9/3/2026 | |

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|---|---|---|---|---|---|

**NAME** - Agency Worker
Kimberly Liebhart

Date Issued
9/10/2026

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee

Date Signed
9/17/2026