

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)(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 Ginger Bread House - Crossing
Provider Number / Facility ID Number 3000588543 / 002 - 2003583

Address - Facility (Street, City, State, Zip Code) 6685 N Towne Rd Windsor WI 535989132
Telephone Number 608-846-1374
Date - Regulation Visit 1/27/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(2)(c) Current, Accurate Information Description: Information provided to the department was not accurate when a staff reported they were working with another teacher in the infant classroom on January 16, 2025, but according to the daily attendance record the staff was working in that classroom from 4:55pm-5:10pm and the other teacher was signed out of the classroom at 2:51pm.	Administration cannot control what staff report to the department. All records are accurate. Reviewed with staff the importance of honesty + accuracy of statements.	3/28/25	

Name - Certified Operator / Licensed Center
Ginger Bread House - Crossing

Provider Number / Facility ID Number
3000588543 / 002 - 2003583

Address - Facility (Street, City, State, Zip Code)
6685 N Towne Rd Windsor WI 535989132

Telephone Number
608-846-1374

Date - Regulation Visit
1/27/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
251.07(1)(h) Program Reflects Policies Description: The program does not reflect the center's written policies when it states in the employee handbook that employees must document and report to the director suspected abuse or neglect of a child but the employee who suspected child abuse did not document or report the alleged abuse to the director.	<i>Policies were reviewed with staff.</i>	<i>3/28/25</i>	

NAME - Agency Worker
Kimberly Liebhart

Date Issued
3/28/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

3/28/25