

Name - Certified Operator / Licensed Center
Ginger Bread House

Provider Number / Facility ID Number
1000576821 / 004 - 1010811

Address - Facility (Street, City, State, Zip Code)
505 E Holm St DeForest WI 535321315

Telephone Number
608-846-5433


Date - Regulation Visit
1/19/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.05(3)(g)3.a. Meal Prep Personnel - Training Description: Meal prep personnel did not complete 4 hours in kitchen sanitation, food handling and nutrition. Repeat violation: Previously cited on 3/29/2023	All staff working in the kitchen will have the training done annually.	2/16/24	

NAME - Agency Worker
Michelle Garcia

Date Issued
1/22/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

1-23-2024

Date Correction Plan Due 2/5/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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.

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Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff A and B did not have a physical examination report on file within 30 days of hire.</p>	<p><i>Both staff will have a physical examination report on file.</i></p>	<p><i>1/31/24</i></p>	
<p>2 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A did not complete a CPR training within 3 months of beginning to work with children.</p>	<p><i>Staff will complete CPR training.</i></p>	<p><i>1/31/24</i></p>	