Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/24/2026		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	
Ginger Bread House		1000576821 / 004 - 1010811	
Address - Facility (Street, City, State, Zip Code) 505 E Holum St Deforest WI 535321315	**Telephone Number** 608-846-5433	**Date - Regulation Visit** 7/8/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)1. **Staff Record - Personal Information** Description: Staff C does not have a staff record containing pervious work experience in child care, previous positions, and emergency contact information of a person to be notified in an emergency, as required.	Staff will complete staff record form and form will be placed in file	7/17/26	
2	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff C did not have a physical health report within 30 days of being hired, indicating they are free from illnesses detrimental to children. Staff C began work on January 21, 2025.	Staff will schedule a physical within one week and complete health form	7/17/26	

Name - Certified Operator / Licensed Center			Provider Number / Facility ID Number	
Ginger Bread House			1000576821 / 004 - 1010811	
Address - Facility (Street, City, State, Zip Code) 505 E Holum St Deforest WI 535321315		**Telephone Number** 608-846-5433	**Date - Regulation Visit** 7/8/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.07(6)(i)1. **Washing Child's Hands & Face** Description: Two infants were diapered and did not have their hands washed with soap and a wet fabric after being diapered, as required.	All staff have been re trained on the proper handwashing proceedure for all ages.	7/14/26	
4	251.07(6)(i)2. **Adult Handwashing** Description: A staff did not wash their hands with soap and water after diapering an infant, when they were wearing gloves and did not wash their hands after removing their gloves, as required.	All staff have been re trained on proper handwashing procedures	7/14/26	

NAME - Agency Worker
Kimberly Liebhart

Date Issued
7/10/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/14/2026