Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/15/2026		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 Child Care	1000576821 / 002 - 1008974

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4896 Larson Beach Rd Mcfarland WI 535588724	608-838-5105	9/21/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)1. **Staff Record - Personal Information** Description: Staff A did not have a staff record as required and has been working at the center since March, 2026.	The Staff filled out the staff record form and it was put in her file.	9/29/26	
2	251.06(9)(g)1.b. **Meal Preparation Staff - Clothing, Hair Restraints** Description: Meal prep staff was not wearing a hair restraint while preparing lunch, as required.	The Staff was talked to about proper hair restraints. She will adhere going forward.	10/1/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.07(6)(f)6. **Current Authorizations For Medications On Premises** Description: Medication intended for use by a child in care was being kept at the center without a current medication authorization from the parent when the authorization expired on 09/18/2026.	The parent sent a new medication form immediately.	9/21/26	

NAME - Agency Worker
Kimberly Liebhart

Date Issued
10/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10/2/26