

Date Correction Plan Due  
3/31/2025

**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)(f) 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  
Pumpkin Patch Preschool  
Provider Number / Facility ID Number  
10005739831 / 002 - 1014382

Address - Facility (Street, City, State, Zip Code)  
1940 Jackson St Stoughton WI 535894834  
Telephone Number  
608-873-3380  
Date - Regulation Visit  
3/11/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.07(6)(f)1.b. Medication Administration - Containers & Labeling	Description: The center was not in compliance when medications were found on site without the original medication container or prescription label.	To ask parent to please bring in their child's Epi Pen box with their child's name on it. I will also go through all our student medication to confirm they all have their correct boxes.	3/13/25	

NAME - Agency Worker  
Robert Moocy  
Date Issued  
3/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*Raym Adison*  
Date Signed  
3/24/25