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| Date Correction Plan Due 6/17/2026 | 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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| Name - Certified Operator / Licensed Center Pumpkin Patch Preschool | | Provider Number / Facility ID Number 1000573981 / 002 - 1014382 | | |
| Address - Facility (Street, City, State, Zip Code) 1940 Jackson St Stoughton WI 535894834 | | Telephone Number 608-873-3380 | Date - Regulation Visit 6/3/2026 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 251.06(3)(b)2. Emergencies - Practice Written Plans Description: The monthly fire and tornado drills were not conducted in May 2026. | I have set a reminder on my Calendar that will remind me to conduct my fire and Tornado drill, if I haven't already. May is a busy month and this was just forgotten. My new reminder system should keep that from happening. | 6/15/2026 | |
| 2 | 251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Records of child injuries were not documented as reviewed with staff every six months in the Brave Butterflies classroom. | I have asked the staff to bring their classroom incident log to each staff meeting so I can do the Admin check at that time. | 6/11/2026 | |

NAME - Agency Worker
Amy Anderson

Date Issued
6/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Karen Anderson

Date Signed

6/17/26