

**COMPLIANCE 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 202.085, DCF 250.04(2)(f) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(a) 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 School Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist 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 notice of the sanction and / or penalty and your appeal rights.

**Name - Certified Operator / Licensed Center**

**Summertime Daycare**  
**Address - Facility (Street, City, State, Zip Code)**  
 N3448 Duffy Rd Mauston WI 539489745  
**Telephone Number**  
 608-847-5351  
**Provider Number / Facility ID Number**  
 4000589404 / 001 - 2003401  
**Date - Regulation Visit**  
 9/4/2025

Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.06(4)(b) <b>Fire Extinguisher</b> Description: The center was not in compliance when the fire extinguisher on site had a pressure gauge that indicated recharging was required.	to replace the fire extinguisher with a new one.	9/22/2025	replaced 9/18/2025
2	250.09(2)(c) <b>Infant &amp; Toddler - Sleep Position</b> Description: The center was not in compliance when it was found that an infant in care regularly slept on the couch near the provider and was not placed to sleep on their back in a crib as required.	to get an additional pack; pay for the infants.	9/22/2025	replaced added 9/19/2025

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Correction Plan

Expected  
Completion Date

Verification  
Date

Date Issued  
9/10/2025

Date Signed  
9/11/2025

NAME - Agency Worker  
Robert McCoy

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Robert McCoy*