Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
6/25/2026		920-785-7811

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
Fields And Flowers Child Care Llc		0000591850 / 001 - 2007079
Address - Facility (Street, City, State, Zip Code) 5190 S 18Th Ave West Bend WI 530959281	**Telephone Number** 262-674-1184	**Date - Regulation Visit** 6/3/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(6)(b)1.a. **Private Well - Annual Bacteria Test** Description: The center's water test for Coliform an E. Coli bacteria expired on 04/26/2025.	Contacted water Diagnostics in Meqaon for test. Center will have annual water test every June.	7/15/26	
2	251.06(6)(b)2.a. **Private Well - Annual Nitrate Test** Description: The center's annual water test results for Nitrate expired on 04/25/2025.	Contacted water diagnostics in Meqaon for test. Center will have annual water test every June	7/15/26	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 251.07(4)(e) **Naps Or Rest Periods - Bedding Maintenance, Storage, Cleanliness** Description: In the infants' room, one of the mattress' sheets was stained.	Sheets will be changed daily moving forward.	6/3/26	
4 251.09(1)(j) **Infant & Toddler - Crib Mattresses & Coverings** Description: In the 2 week to one year old room, there were two mattress covers that did not fit snugly around the mattresses.	Mattress cover fit snug on mattress. I disagree with this. All covers are snug.	6/3/26	

NAME - Agency Worker
Gloribel Tegen

Date Issued
6/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Meegan Kemp

Date Signed
6/18/26