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| <b>Date Correction Plan Due</b><br>5/13/2026 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> | <b>TO FILE A COMPLAINT CALL</b><br>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.

| <b>Name - Certified Operator / Licensed Center</b><br>Day By Day Discoveries                        |   | <b>Provider Number / Facility ID Number</b><br>1000559981 / 003 - 2002994                                |   |                          |
|---|---|--|---|--------------------------|
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>120 Commerce Dr Luxemburg WI 542171142 |   | <b>Telephone Number</b><br>920-845-2211  | <b>Date - Regulation Visit</b><br>4/27/2026 |                          |
|   | <b>Rule/Statute Number<br/>Noncompliance Statement</b>  | <b>Correction Plan</b>   | <b>Expected Completion Date</b>             | <b>Verification Date</b> |
| 1   | <p>251.05(3)(cm)<br/><b>Child Abuse &amp; Neglect - Biennial Training</b></p> <p>Description: Based on record review on 4/27/26 according to the Staff Record Checklist Staff Member A failed to have Biennial Child Abuse and Neglect on file.</p> <p>Repeat violation: Previously cited on 3/4/2025</p>   | <p><i>Has current from Illinois on file but also complete new on for Wisconsin - expires 4/30/26</i></p> | <p><i>4-30-26</i></p>                       |                          |
| 2   | <p>251.05(3)(gr)3.a.<br/><b>Meal Prep Personnel - Training</b></p> <p>Description: Based on record review on 4/27/26 according to the Staff Record Checklist Staff Member D failed to have at least 4 hours of training in kitchen sanitation, food handling, and nutrition prior to beginning work, and failed to have one hour of training in kitchen sanitation, food handling, and nutrition annually thereafter on file. Staff Member started 9/21/22.</p> | <p><i>ordered class</i></p>  | <p><i>End of May/June 2026</i></p>          |                          |

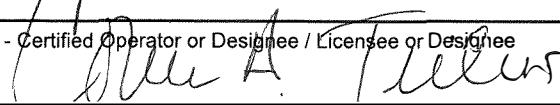
| Name - Certified Operator / Licensed Center        |   | Provider Number / Facility ID Number              |                          |                   |
|--|---|---|--------------------------|-------------------|
| Day By Day Discoveries                             |   | 1000559981 / 003 - 2002994                        |                          |                   |
| Address - Facility (Street, City, State, Zip Code) |   | Telephone Number                                  | Date - Regulation Visit  |                   |
| 120 Commerce Dr Luxemburg WI 542171142             |   | 920-845-2211                                      | 4/27/2026                |                   |
| Rule/Statute Number                                | Noncompliance Statement   | Correction Plan                                   | Expected Completion Date | Verification Date |
| 3  | <p>251.06(2)(b)<br/><b>Electrical Or Hot Surface Protection</b></p> <p>Description: Based on observation of the center on 4/27/26 a number of classrooms were missing outlet covers. Outlet covers were also missing outdoors within the infant/toddler playground. The outdoor outlets are accessible to children.</p> | outlet covers placed on outlets                   | immediate                |                   |
| 4  | <p>251.06(3)(b)2.<br/><b>Emergencies - Practice Written Plans</b></p> <p>Description: Based on record review on 4/27/26 Emergency Plans and Drills were not practiced monthly. A fire drill was not practiced in the month of March 2026.</p>   | Discussed with Assistant Director how to complete | immediate                |                   |
| 5  | <p>251.06(4)(e)<br/><b>Extension Cord Use</b></p> <p>Description: Based on observation of the infant classroom an extension cord is being used to permanently plug in a microwave.</p>  | Plugged microwave directly into outlet            | immediate                |                   |
| 6  | <p>251.06(4)(jm)2.<br/><b>Fire Alarms &amp; Smoke Detectors - Testing</b></p> <p>Description: Based on record review on 4/27/26 fire alarms/smoke detectors failed to be tested monthly. Fire alarms/smoke detectors were not tested in the month of March 2026.</p>  | Discussed with Assistant Director how to complete | immediate                |                   |

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|---|------------------------|---|---|
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| <b>Rule/Statute Number</b>  | <b>Correction Plan</b> | <b>Expected Completion Date</b>   | <b>Verification Date</b>                    |
| <b>Noncompliance Statement</b>  |                        |   |   |

**NAME - Agency Worker**  
Cassandra Debauche

**Date Issued**  
4/29/2026

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**



**Date Signed**  
5-4-2026