

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due

TO FILE A COMPLAINT CALL
262-446-7800

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

Mukwonago Y Before And After - Evergreen

4000558914 / 031 - 2006609

Address - Facility (Street, City, State, Zip Code)
817 W Main St Waterford WI 531854025

Telephone Number
262-363-7950

Date - Regulation Visit
2/12/2024

Rule/Statute Number
Noncompliance Statement

Correction Plan

Expected Completion Date

Verification Date

1

251.04(6)(b)
Current, Accurate Daily Attendance Record

Description: Attendance was not current and accurate on the day of the licensing visit. Attendance records did not include departure times for children who had left morning care and 8 children were in care but did not have arrival times documented.

Reviewed procedures & expectations w/ staff

2/14/24

2

251.05(2)(a)3.a.
Staff Record - Physical Examination

Description: Staff B did not have the required physical exam on file and have been working at the center for more than 30 days.
This was verified as corrected via email on 2/20/24

Repeat violation: Previously cited on 11/28/2023

Exam form was on site, but in the before/after school area. Copy was put in 4k wrap area, too.

2/19/24

Name - Certified Operator / Licensed Center Mukwonago Y Before And After - Evergreen		Provider Number / Facility ID Number 4000558914 / 031 - 2006609	
Address - Facility (Street, City, State, Zip Code) 817 W Main St Waterford WI 531854025		Date - Regulation Visit 2/12/2024	
Telephone Number 262-363-7950		Expected Completion Date 2/14/24	
Correction Plan Procedures + expectations reviewed w/ staff.		Verification Date	
Rule/Statute Number 251.055(1)(f)	Noncompliance Statement Child Tracking Procedure Description: On 2/12/24, the center's child tracking procedures was not implemented to ensure the number, names, and whereabouts of children in care.		

Date Issued

NAME - Agency Worker
 Kristin Keck, Katrina Tarantino

Date Signed

SIGNATURE - Certified Operator or Designee / Licensee or Designee

2/20/24

[Handwritten Signature]