

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

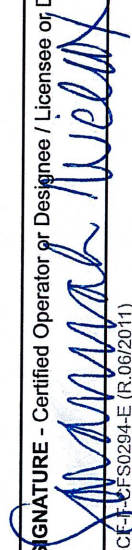
Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) 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, 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 - Woodfield		4000558914 / 032 - 2006610	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	
905 Barnes Dr Waterford WI 531854180		262-363-7950	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Actual hours Staff A worked are not documented correctly, when staff's hours are already filled in for 3/12/25, 3/13/25, and 3/14/25.	Conversation w/ staff regarding only as worked signing in.	03/14/2025	
2 251.07(6)(dm)2. Medical Log - Pages & Entries Description: There are skipped lines in the medical log book. Repeat violation: Previously cited on 12/13/2023	Conversation w/ staff reexplaining med. log	03/14/2025	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Mukwonago Y Before And After - Woodfield		4000558914 / 032 - 2006610	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
905 Barnes Dr Waterford WI 531854180		262-363-7950	3/11/2025
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
3 251.095(2m)(c) School-Age Care - Supervision Of Group Of Children Description: There was not a qualified school-age program leader supervising a group of children on 3/11/25. Staff A, who was alone with children for longer than 45 minutes, does not have the entry level training requirements of a school-age program leader.	Have qualified staff on site. Staff A finish course-work.	03/18/25 04/17/25	

NAME - Agency Worker
 Kristin Keck, Katrina Tarantino
 Date Issued
 3/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

 Date Signed
 03/14/2025