

Date Correction Plan Due 3/13/2025	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 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 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		Telephone Number 262-363-7950	Date - Regulation Visit 2/10/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a) Staff Record - Maintenance & Availability Description: There was no file available for review for Staff B. Repeat violation: Previously cited on 11/28/2023	Get all files needed On site.	4/7/25	
2	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Actual hours staff work are not documented correctly, when staff's hours are pre-filled in for the week of 2/10/25.	Working w/ staff regarding shift writing in.	4/7/25	

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		Telephone Number 262-363-7950	Date - Regulation Visit 2/10/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.06(2)(b) Electrical Or Hot Surface Protection Description: There were several outlets that are not protected by outlet guards.	Getting outlets covered.	4/8/25
4	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: There was no thermometer in the mini refrigerator in the 4K classroom.	Get thermometer in fridge.	4/11/25
5	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical log book was not reviewed within the last 6 months; the most recent review date occurred in January 2024.	Review log.	4/17/25

NAME - Agency Worker
Kristin Keck, Daniel Noel

Date Issued
2/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Samuel Welos

4/7/25