

Date Correction Plan Due 10/20/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 - Big Bend		4000558914 / 011 - 2002040	
Address - Facility (Street, City, State, Zip Code) W230s8695 Big Bend Dr Big Bend WI 531039202		Telephone Number 262-363-1945	Date - Regulation Visit 10/2/2025
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date
1 251.05(2)(a)6. Staff Record - Days & Hours Worked	Description: Staff are not consistently documenting hours worked when used to meet ratio. On the day of monitoring visit, two staff were present but no staff signed in. Repeat violation: Previously cited on 11/7/2023	Will do over again training on signing in/out when applicable.	10/7/25
2 251.07(6)(dm)2. Medical Log - Pages & Entries	Description: The pages in the medical log book are not numbered front and back. Repeat violation: Previously cited on 9/26/2024	Number pages. Front + Back	10/7/25

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W230s8695 Big Bend Dr Big Bend WI 531039202		262-363-1945	10/2/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: There is no parent authorization for a child's Zyrtec being stored at the center.	Give supervisor copy to give to family. Only give once med. form is received.	10/17/25	

NAME - Agency Worker
Kristin Lange, Katrina Tarantino

Date Issued
10/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10/6/2025