

Date Correction Plan Due 12/6/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Mukwonago Y Base - East Troy		Provider Number / Facility ID Number 4000558914 / 027 - 2003626		
Address - Facility (Street, City, State, Zip Code) 2131 Townline Rd East Troy WI 531209325		Telephone Number 262-363-7944	Date - Regulation Visit 11/13/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(1)(a) Supervision Of Children Description: Sight and sound supervision was not provided when children age 7 and under were allowed to use the bathroom unsupervised. <i>second staff helps ←</i>	WORK WITH STAFF TO CORRECT THIS ACTION; COME UP W/ PLAN TO BE ABLE TO GET THIS ACCOMPLISHED	12/13/24 12/13/24	
2	251.055(1)(f) Child Tracking Procedure Description: The child tracking system was not utilized when children left the room to use the bathroom.	WORK WITH SITE STAFF TO INCORPORATE CHECK IN / OUT SYSTEM	12/13/24	

Mukwonago Y Base - East Troy

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.055(2)(h) Staffing Requirements - 8 Or Fewer Children In Center Description: Staff reported that there was no person within 5 minutes of the center to support the program in an emergency.	WORK w/ school to complete this → double check who is on site	12/13/24 12/13/24	
4	251.055(2)(i) Staffing Requirements - 9 Or More Children In Center Description: A second staff person was not onsite during the time of the visit. Fourteen children were in attendance at the time of the visit.	WORK with school staff about who is emergency person	12/13/24	
5	251.06(3)(b)2. Emergencies - Practice Written Plans Description: There was no documentation that emergency drills had been practiced in October 2024.	WORK w/ staff to create a plan for completing these monthly.	12/13/24 12/13/24	

NAME - Agency Worker
Sarah Stormont

Date Issued
11/22/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Samantha Welton

12/3/24