

Date Correction Plan Due 4/2/2026	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 Waukesha Y Base - Mill Creek		Provider Number / Facility ID Number 4000558914 / 029 - 2006541		
Address - Facility (Street, City, State, Zip Code) S46w23850 Lawnsdale Rd Waukesha WI 531895646		Telephone Number 262-409-2947	Date - Regulation Visit 3/9/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child 2 does not have immunization history on file and has been attending the center for more than 30 days.	Working with family and registrar offices to complete this documentation child will need before returning to care.	Based on return 3-5 weeks	
2	251.05(2)(a)4.b. Staff Record - Registry Certificate - School Age Programs Description: Staff A and Staff B, identified as school age program leaders, do not have documentation of a certificate from the Wisconsin Registry showing Staff A and Staff B have met the educational requirements for that position.	Working with Wisconsin Registry for certificates. Documents will be added to staff files.	Expected 3-6 months (based on WI Registry)	

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3	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Staff hours worked are documented but it does not include what room staff is working in when used to meet staff-to-child ratio. Repeat violation: Previously cited on 4/8/2025	Added room locations to staff sign ins.	3/23/26
4	251.07(3)(b)2. Equipment - Quantity For Indoors Description: There is not a sufficient amount of play equipment in the rooms being used to allow each child a choice of at least 3 activities involving equipment when all children are using equipment.	Supplies will be order along with organized property between 3 room.	Week of 3/23/26 - 3/27/26
5	251.07(6)(dm)2. Medical Log - Pages & Entries Description: Lines were skipped in the medical log book and an entry dated 3/5/26 was not signed or initialed by the person making the entry.	Instructions are posted on inside of med log. Reviewed with staff.	3/23/26

NAME - Agency Worker
Kristin Lange, Sara Cooney

Date Issued
3/19/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

3/19/26