

Date Correction Plan Due 4/23/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
--	--	---

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 The Y Child Care At Trinity Lutheran	Provider Number / Facility ID Number 9000559219 / 030 - 2004293
--	---

Address - Facility (Street, City, State, Zip Code) 140 N 7Th Ave West Bend WI 530953200	Telephone Number 262-808-8743	Date - Regulation Visit 4/9/2025
---	---	--

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.05(2)(a)6. Staff Record - Days & Hours Worked</p> <p>Description: Based upon observation on April 9, 2025, a child care worker present in the Disney Room during the visit did not sign themselves into ratio.</p> <p>CORRECTED DURING VISIT.</p> <p>Repeat violation: Previously cited on 2/14/2025</p>	<p>• implementing consistent reminders with setting an alarm on tablets.</p> <p>• Retraining making sure the process is clear, easy to use and readily accessible as they come into the rooms</p> <p>• Visible signs on clipboards</p>	<p>April 30, 2025</p>	

NAME - Agency Worker
Jamie Brandt

Date Issued
4/9/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Melissa Kusemberg

Date Signed

4-15-25