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| Date Correction Plan Due 3/16/2026 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 920-785-7811 |
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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 Kettle Moraine Ymca Discovery Cntr | | Provider Number / Facility ID Number 9000559219 / 010 - 1013650 | | |
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| Address - Facility (Street, City, State, Zip Code) 1113 W Washington St West Bend WI 53095 | | Telephone Number 262-334-8009 | Date - Regulation Visit 2/25/2026 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 251.06(2)(i) Deteriorating Paint Description: Based on observation, there were areas of chipped paint within the children's reach in the two year olds room and in the large motor room. | <ul style="list-style-type: none"> • Communication was prioritized to ensure the maintenance team could begin painting the rooms as soon as possible. • a jar of paint color will be left with director | 3-18-2026 | |
| 2 | 251.07(6)(j)5. Supply Of Bandages, Tape & Band-Aids Description: The first aid kits in the toddlers room, infants room, and the two year olds room were missing the required adhesive tape. | <ul style="list-style-type: none"> • Adhesive tape will be purchased add to checklist, added to all backpack first-aid kits. | 3-18-2026 | |

NAME - Agency Worker
Gloribel Tegen

Date Issued
3/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Maria Kesunovitz

Date Signed

3/4/2026