

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)(l) 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 2/24/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Based on records review, the physician did not check the box stating that staff member C was free from illness.	• Sent staff member for a new physical	3.7.2026	
2	251.06(11)(b)7. Outdoor Play Space - Enclosure Description: Due to the mulch that was pushed up against the fence, from the top of the mulch to the top of the fence, the fence was less than the required 4 feet high. Repeat violation: Previously cited on 9/10/2025	• With the space being leased, we are working with the property owner on correction steps including quotes and determining options for excavation or replacement.	6-30-2026	

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3	251.06(2)(f) Telephones & Emergency Phone Numbers Description: The phone number for the Poison Control Center was missing from the emergency numbers posted in the Jungle Room. The provider corrected this item during the visit.	* All room have the correct phone numbers by the phones	2-24-2026
4	251.06(3)(b)1. Emergencies - Routes And Shelter Areas Posted Description: in the Garden Room, the fire evacuation route and tornado shelter was not posted. The provider posted this information during the visit.	* All room have posted not just on clipboard	2-24-2026

NAME - Agency Worker
Gloribel Tegen

Date Issued
3/2/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Melissa Resemery

Date Signed

3-13-26