

Date Correction Plan Due 1/6/2026	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 Silverbrook		Provider Number / Facility ID Number 9000559219 / 014 - 2001937		
Address - Facility (Street, City, State, Zip Code) 120 N Silverbrook Dr West Bend WI 530953166		Telephone Number 262-247-1019	Date - Regulation Visit 11/3/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(c) Current, Accurate Information Description: Based upon record review and staff statement, the sign in and outs for programming on 10/23/2025 did not match the sign in and outs provided to the Department on 10/25/2025.	Staff will sign in and out while entering and ending their shifts.	01/10/2026	
2	251.04(3)(b) Report - Damage To Premises Description: Based upon staff statement, on 10/24/2025 the program was closed due to loss of power and the department was not notified.	Staff will notify Licensor of any change of venue or Loss of utility ASAP.	01/10/26	

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3 251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Based upon record review, on 10/23/2025 a staff member was not signed out of care. Based upon record review, on 10/24/2025 a staff member was not signed out of care.	All staff will sign in and out at the start and end of their shift.	01/10/26	
4 251.055(2)(b) Staff-To-Child Ratios - Minimum Description: Based upon staff statement and record review staff to child ratio of 1 staff to 18 children was exceed on 10/23/2025, when 33 children were signed into care between 12:00 - 1:00pm with one staff and on 10/24/2025, when 27 Children were signed into care between 11:00am and 12:33Pm with one staff.	Staffing will be prepared to accomodate multiple Call-ins. and maintain ratio requirements.	01/10/26	

NAME - Agency Worker
Amanda Holz

Date Issued
12/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
3/27/2026

Jason Hauer