Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/27/2026		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		Provider Number / Facility ID Number	
Kettle Moraine Ymca Child Care Ctr		9000559219 / 005 - 220235	
Address - Facility (Street, City, State, Zip Code) 1111 W Washington St West Bend WI 530952433	**Telephone Number** 262-247-1042	**Date - Regulation Visit** 8/12/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(11)(b)5. **Outdoor Play Space - Energy-Absorbing Surfaces** Description: Based on observation, the mulch depth around the climbing equipment's fall zone was under the required 9-inch depth.	We will take steps to add more woodchips in the fall zone to meet the 9 in. depth.	9/30/26	
2	251.06(2)(b) **Electrical Or Hot Surface Protection** Description: Based on observation, one of the outlets in the Mini Explorers room, was missing the outlet cover. Repeat violation: Previously cited on 8/15/2025	outlet cover was replaced after visit 8/12/26 additional covers will be bought and kept in each room	8/12/26	

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Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3 251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: Based on records review, the medical log book has not been reviewed in 6 months.	medical log books were reviewed on 8/12/26 after the visit. a calendar event was created as a reminder.	8/12/26	

NAME - Agency Worker
Gloribel Tegen

Date Issued
8/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Melissa Kisenwerth

Date Signed
8/21/26