Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/28/2026		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
Kmymca Green Tree Elementary	9000559219 / 043 - 2008352

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1330 Green Tree Rd West Bend WI 530901771	262-247-1030	6/30/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. **Staff Record - Days & Hours Worked** Description: Based on records provided by the program, on 02/02/26 and on 02/04/2026, a staff member did not sign in on the attendance sheet at the Green Tree Location. Also, on 02/04/2026, and on 02/06/2026, two staff members did not sign out on the attendance sheet at Green Tree.	- All teachers will sign into programs upon arival and sign out upon departure	10/15/26	
2	251.055(2)(h) **Staffing Requirements - 8 Or Fewer Children In Center** Description: Based on staff interviews, the program does not have the required 5 minutes emergency person's written statement and contact information on file.	5 min away contacts will have written statements found on tablets	10/15/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.094(3)(b) **School-Age Director - Number Of Centers** Description: Based on staff interviews and records reviewed, one Director was responsible for 7 part- time centers, and another Director was responsible for 8 part-time centers, which exceeded the 5 maximum centers allowable under the licensing regulations.	All Director of Records will follow the requirement of no more than 5 locations	10/15/26	

NAME - Agency Worker
Gloribel Tegen

Date Issued
10/14/2026

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

Date Signed
10-22-26