

Date Correction Plan Due 10/7/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 262-446-7800
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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  
Discovery Days Of Wind Lake  
Provider Number / Facility ID Number  
4000589094 / 009 - 2006026

Address - Facility (Street, City, State, Zip Code)  
8035 Racine Ave Wind Lake WI 531851435  
Telephone Number  
262-895-6299  
Date - Regulation Visit  
9/17/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.06(9)(a)2 <b>Kitchen Equipment &amp; Utensils - Safe &amp; Sanitary</b> Description: The microwave oven interior in the kitchen was observed to have food spills.	Microwave was cleaned after visit. Discussed kitchen cleaning duties with staff will also address at Sept. staff meeting.	9/17/25	
2 251.09(1)(am) <b>Infant &amp; Toddler - Intake Information</b> Description: Several Under 2 Intakes in the forms did not have all sections completed by the parent/guardian (ie., physical and social development or indoor/outdoor favorite toys and activities).	Reviewed all under 2 intakes. Retained staff on required sections to be filled out by parents will review at September staff meeting.	9/29/25	

NAME - Agency Worker  
Laura Taylor, Joel Marquez

Date Issued  
9/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*Barbara J. Jomelinski*

Date Signed  
9-29-25