Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/8/2026		715-361-7700

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
Ymca 21St Century Learning Center	2000558932 / 008 - 620173

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
500 S Section St Humke Elementary School Nekoosa WI 544571499	715-886-8657	8/14/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)1. **Staff Record - Personal Information** Description: Staff D did not have a Staff Record form on file.	Staff are responsible for their own files. Administrators will be double checking all items are in order @ time of hire.	8.26.2026	
2	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff D and Staff E did not have a Staff Health Report on file.	Staff will have their health report on file as expected by licensing. Missing reports are in process.	9.1.2026	

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3	251.05(2)(a)8. **Staff Record - Orientation** Description: Staff A and Staff D did not have documentation of orientation on file.	Orientations will be on file @ completion of scheduled work prior to first day of attendance	9.1.2026	
4	251.05(4)(c)9. **Continuing Education - Documentation Of 12 Month Period** Description: Staff A and Staff B did not have documentation of the required continuing education hours on file.	All Staff will complete 15hrs continuinged. from day of anniversary to day of anniversary. Staff B has 15 hrs and wrote the wrong amount for CPR 8/8 8 hrs	9.1.2026	

NAME - Agency Worker
Amanda Foley

Date Issued
8/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
8.26.2026