

Date Correction Plan Due 9/17/2024	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 Oshkosh Ymca Child Care At Uwo		Provider Number / Facility ID Number 2000559672 / 019 - 2006534		
Address - Facility (Street, City, State, Zip Code) 608 Algoma Blvd Lincoln Hall Oshkosh WI 549013502		Telephone Number 920-424-0260	Date - Regulation Visit 8/29/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: One staff member did not have a physical exam in her file after 30 days of employment - see checklist.	<i>Employee got this done 9/6/24. form is in file</i>	<i>9/6/24</i>	
2	251.05(3)(b) Abusive Head Trauma Prevention Training Description: two staff members did not have abusive head trauma training prior to working with children - see checklist.	<i>Employees got this done and certificates are in staff files</i>	<i>9/6/24</i>	

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3	251.06(10)(h) Toilets & Sinks - Water Temperature Description: The sinks tested during the monitor visit were all running over 120 degrees. The university was doing water maintenance the day of the visit.	uwo staff that oversee the building were here 9/5/24 and confirmed water temp was below 100. They will continue to check on this.	9/6/24	
4	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: Thermometers were missing in 2 freezers in the kitchen and 1 fridge in room 115 B.	Thermometers have been purchased and put in freezer/fridge	9/6/24	
5	251.06(9)(g)1.b. Meal Preparation Staff - Clothing, Hair Restraints Description: The cook was not wearing an effective hair restraint when she was preparing food on the day of the visit.	Kitchen staff were spoken to on this. Hair nets are worn daily	9/6/24	

NAME - Agency Worker
Jill Kellner

Date Issued
9/3/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Ewa Baranek

Date Signed

9/6/24