

<b>Date Correction Plan Due</b> 12/18/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Ymca Before Care Parkside		<b>Provider Number / Facility ID Number</b> 4000558514 / 006 - 2007039	
<b>Address - Facility (Street, City, State, Zip Code)</b> 475 W Arndt St Fond Du Lac WI 549352139		<b>Telephone Number</b> 920-921-3698	<b>Date - Regulation Visit</b> 11/26/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: Based on records review, the immunization records for child B were missing.	We have the immunization record.	12/11/24
2	251.05(2)(a)1. <b>Staff Record - Personal Information</b>  Description: Staff member A did not have the staff records form on file.	The staff record is complete	12/11/24

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3	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Staff member A did not have the health report on file after 30 months of employment	The staff health form is complete.	12/11/24	
4	251.05(2)(a)4.d. <b>Staff Record - Educational Qualifications</b>  Description: Staff member A did not have the educational qualifications for the position held.	First class is done, waiting for certificate for second class	12/30/24	
5	251.05(2)(a)5. <b>Staff Record - High School Diploma</b>  Description: Staff member A did not have the High School Diploma or its equivalent on file.	Couldn't get the diploma, but the transcript has graduation date.	12/11/24	
6	251.05(2)(a)8. <b>Staff Record - Orientation</b>  Description: Staff member A did not have documentation to show that the orientation was completed.	Orientation is complete.	12/11/24	

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7	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Staff member A did not have the biennial child Abuse and neglect reporting requirements training on file.	The training has been completed.	12/11/24	
8	251.06(4)(jm)2. <b>Fire Alarms &amp; Smoke Detectors - Testing</b>  Description: The center is not using a signaling device to conduct monthly fire evacuation drills.	I will get a recording and send it to staff.	12/30/24	
9	251.07(6)(c)3. <b>Ill Child - Equipment</b>  Description: The center did not have a padded mat and sheet available in the event a child gets sick.	There is office personnel that can help us.	12/30/24	

**NAME - Agency Worker**  
Gloribel Tegen

**Date Issued**  
12/4/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Miracle Lwinke*

**Date Signed**

12/11/2024