

Date Correction Plan Due 12/10/2024	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 Ymca Before Care Pier		Provider Number / Facility ID Number 4000558514 / 007 - 2007062		
Address - Facility (Street, City, State, Zip Code) 259 Old Pioneer Rd Fond Du Lac WI 549356150		Telephone Number 920-921-3698	Date - Regulation Visit 11/25/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)1. Staff Record - Personal Information Description: There center did not have the staff records form for staff members A and B.	The staff members filled it out.	12/4/2024	
2	251.05(2)(a)4.d. Staff Record - Educational Qualifications Description: The center did not have the educational qualifications for staff member A on file.	They are in the early childhood education program. Provided transcript.	12/4/2024	

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3	251.05(2)(a)5. Staff Record - High School Diploma Description: The center did not have the High School Diploma or its equivalent on file for staff member A.	They will bring a copy in.	12/16/2024	
4	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: The center did not have a current CPR training certificate on file for staff member B.	provided a copy.	12/4/2024	
5	251.055(1)(g) Release Of Child - Authorizations Description: The center did not have the names of the persons authorized to pick up child B.	The child has an emergency card that states who can pick up.	12/4/2024	
6	251.06(4)(jm)1. Fire Alarms & Smoke Detectors - Drills Description: The center is not using a signaling device to conduct monthly fire evacuation drills.	I will contact the school for the recording The recording will be sent staff member	12/30/2024	

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7	251.07(6)(c)3. Ill Child - Equipment Description: The center did not have the required padded mat and sheet available in the event a child gets sick.	Office personnel is on site to help with any sick children.	12/4/2024	
8	251.08(2)(c) Emergency Information - Physician Contact Description: The center did not have the required physician and medical facility information on file for child A.	The child has their immunization records on file.	12/4/2024	

NAME - Agency Worker
Gloribel Tegen

Date Issued
11/26/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
12/4/2024

Nicole Wink