

Date Correction Plan Due	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		Provider Number / Facility ID Number	
Ymca Before Care Pier		4000558514 / 007 - 2007062	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
259 Old Pioneer Rd Fond Du Lac WI 549356150		920-921-3698	1/22/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: The center did not have the immunization records for child #3 on file.	Will have the form by 2/7/25.	2/7/25
2	251.05(2)(a)4.d. Staff Record - Educational Qualifications Description: The center did not have all of the educational qualification for staff member A on file. Repeat violation: Previously cited on 11/25/2024	She is in the Early Childhood Program. Graduates this Summer.	6/9/25

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)5. Staff Record - High School Diploma Description: Staff member A did not have a copy of the High School diploma on file. Repeat violation: Previously cited on 11/25/2024	I attached the diploma.	1/29/25	
4	251.07(6)(c)3. Ill Child - Equipment Description: The center did not have the required equipment for and ill child (a cot or a padded mat, and a sheet). Repeat violation: Previously cited on 11/25/2024	The mat is at the site.	1/29/25	

NAME - Agency Worker Gloribel Tegen	Date Issued
SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Nicole Winke</i>	Date Signed 1/29/25