Date Correction Plan Due
11/4/2022

NONCOMPLIANCE STATEMENT AND CORRECTION
TO FILE A COMPLAINT CALL
715-930-1148

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	rider Number / Facility ID Number	
'n	ica Childcare Programs		5000557845 / 011 - 1011988		
Address - Facility (Street, City, State, Zip Code) 9 N 21St St Superior WI 54880		Telephone Number 715-392-5611	Date - Regulation Visit 10/3/2022	_	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Ve	rification Date	
	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Each child 2 years of age and under age 5 shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to the center. Child #2 and #3 have been in care for more than 3 months and did not have a child health report on file.	Forms given to parents	12/31/22		
	251.05(2)(a)1. Staff Record - Personal Information Description: Contrary to DCF 251.05(2)(a)1, there was no documentation of the Staff Record form information in the file for Staff D and F.	Staff form giver to Staff D&F to fill out.	1.1/.15/22		

Ymo	Name - Certified Operator / Licensed Center Ymca Childcare Programs	Provid 50005	Provider Number / Facility ID Number 5000557845 / 011 - 1011988	mber
9 N e	Address - Facility (Street, City, State, Zip Code) 9 N 21St St Superior WI 54880	Telephone Number 715-392-5611	Date - Regulation Visit 10/3/2022	Visit
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
ω	251.05(2)(a)3.a. Staff Record - Physical Examination	Statt O+F given		
	Description: The file for Staff D and F did not contain documentation of a physical examination report on a form provided by the department, completed within 12 months before or within 30 days after beginning work with children in care, indicating the person is free from illness detrimental to children, including tuberculosis, and physically able to work with young children.	health report torn	68 18 18	
4	251.05(3)(b) Shaken Baby Syndrome Prevention Training Description: Documentation of completion of Abusive Head Trauma (AHT) training was not observed in the file for Staff C & D. AHT training is required to be completed before a child care worker begins to work with children under age 5.	AHT training given to Staff C+D	66 (08 11	
CU	Cardiopulmonary Resuscitation Training Description: Staff C was missing documentation of having maintained a current certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department. Staff D was missing documentation of having obtained a certificate of completion for infant CPR and AED use within 3 months of employment.	Staff C+D Will take CPR at next staff offering	12/31/22	

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6	251.05(3)(g)2. Assistant Child Care Teacher - Qualifications Description: There was no documentation of completion of a non-credit department-approved course or a credit course in early childhood education for Staff C and D, who have been at the center for over 6 months. An assistant teacher is required to complete entry level training within 6 months of their hired date.	Staff C has booklet. Will complete Staff D will get teaching certificate	2/1/23				
7	251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: Staff C and F were missing documentation of having received a complete orientation within the first week at the center.	Orientation documented for Staff CaF	11/15/22				

NAME - Agency Worker Emily Johnson

Date Issued 10/21/2022

SIGNATURE - Agency Worker

Date Signed
| | | 04| 2022