Date Correction Plan Due 6/14/2023

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

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.

otice of the sanction and / or penalty and your appeal r Name - Certified Operator / Licensed Center	ignis.				
taille - Certified Operator / Licensed Center		Prov	ider Number / Facility ID Nu	mber	
Ymca Childcare Programs		5000557845 / 011 - 1011988			
ddress - Facility (Street, City, State, Zip Code) N 21St St Superior WI 54880		Telephone Number 715-392-5611	Date - Regulation Visit 5/22/2023		
Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date	Verification Date	
251.04(6)(a)6.d. Child Record - Health History - Medical Co Description: Child # 4 did not have the name number of the physician or medical facility of file.	e, address, and telephone	Child #4 done after June 1, 2023			
251.04(6)(a)6.e. Child Record - Health History - Medical Co Description: Child # 4 did not have informati health history and medical conditions in the	on regarding the child's	Child # 4 done after June 1, 2023			

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number			
Ymca 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 5/22/2023		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
	51.04(6)(a)6.f. hild Record - Health History - Medical Condition Symptoms	Child # 4 done after June 1, 2023	- Completion Date	Date	
ar ca w re	escription: Child #4 did not have documentation in their file regarding my known medical conditions, triggers, signs or symptoms for child are workers to watch for. Nor steps a child care worker should follow, hen to call a parent regarding symptoms, when the condition equires emergency medical care, and identification of all child care orkers who have received specialized training or instructions to help eat symptoms.	after June 1, 2023			
CI	51.04(6)(a)6m. hild Record - Immunization History escription: Immunization records were not observed in the files for hild #2, Child #4, Child #7 nor Child #8.	Child #2, #4, #7 \$ #8 done after June 1, 2023			
De ini 3 i ex #5	in the state of th	Child #1+#5 dene after June 1, 2023			

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number 5000557845 / 011 - 1011988			
Ymca Childcare Programs				
Address - Facility (Street, City, State, Zip Code) 9 N 21St St Superior WI 54880	Telephone Number 715-392-5611	Date - Regulation Visit 5/22/2023		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
NAME - Agency Worker	Date Issued 5/31/2023 Date Signed 1 - 4-2023			
Emily Johnson				
SIGNATURE - Certified Operator or Designee / Licensee or Designee				
DCF-F-CFS0294-E (R\06/2011) \frac{1}{2}				