

| Date Correction Plan Due<br>1/5/2024 | NONCOMPLIANCE STATEMENT AND CORRECTION<br>PLAN | TO FILE A COMPLAINT CALL<br>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<br>Ymca Childcare Programs  |   | Provider Number / Facility ID Number<br>5000557845 / 011 - 1011988 |                   |
|---|---|--|-------------------|
| Address - Facility (Street, City, State, Zip Code)<br>9 N 21st St Superior WI 54880   |   | Telephone Number<br>715-392-5611                                   |                   |
| Date - Regulation Visit<br>12/6/2023  |   |  |                   |
| Rule/Statute Number<br>Noncompliance Statement  | Correction Plan   | Expected Completion Date   | Verification Date |
| 1<br>251.05(2)(a)4.d.<br><b>Staff Record - Educational Qualifications</b><br><br>Description: There was no documentation of completion of a non-credit department-approved course or a credit course in early childhood education for employee D. | Staff is taking the<br>Early Childcare course<br>via Northwest Connection<br>Family Resources | 3/18/2024  |                   |
| 2<br>251.05(2)(a)7.<br><b>Staff Record - Continuing Education</b><br><br>Description: Staff A did not have documentation of enough hours to meet the yearly requirement of continuing education hours needed in 2022.                             | Staff is taking<br>extra hours this<br>year to fulfill the<br>requirement for 2022            | 6/1/2024   |                   |

Name - Certified Operator / Licensed Center  
Ymca Childcare Programs

Provider Number / Facility ID Number  
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  
12/6/2023

| Rule/Statute Number<br>Noncompliance Statement  | Correction Plan                                      | Expected<br>Completion Date | Verification<br>Date |
|---|--|-----------------------------|----------------------|
| 3<br>251.05(3)(c)<br><b>Cardiopulmonary Resuscitation Training</b><br><br>Description: Staff B was missing documentation of having obtained a certificate of completion for infant and child cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) use from an agency approved by the Department within 3 months of employment.<br><br>Repeat violation: Previously cited on 10/3/2022 | Staff took the required CPR & AED course             | 12/31/2023                  |                      |
| 4<br>251.06(3)(b)4.<br><b>Emergencies - Record Of Fire / Tornado Drills</b><br><br>Description: Documentation of a fire & tornado drill for April, May and July through October was not observed. The center is required to keep written records of dates and times of all the monthly fire and tornado drills practiced.   | Documentation of drills on file in director's office | 1/21/2024                   |                      |

NAME - Agency Worker  
Emily Johnson

Date Issued  
12/22/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

1-31-2024