Date Correction Plan Due
2/4/2023

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.

Name - Certified Operator / Licensed Center Provide				er Number / Facility ID Number	
Chippewa Valley Ymca-Hillcrest Asp 5000556395 / 025 - 200					
Address - Facility (Street, City, State, Zip Code) 1200 Miles St Chippewa Fls WI 547291924		Telephone Number 715-723-5135	Date - Regulation Visit 1/12/2023		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.05(2)(a)3.a.  Staff Record - Physical Examination  Description: During a staff file review, it was noted that two individuals were missing staff health exam reports.	Staff members are no longer employed. A review of all staff files will be completed.			
2	251.05(2)(a)4.d.  Staff Record - Educational Qualifications  Description: Two individuals did not have their education qualifications on file.	Staff members are no longer employed. A review of all staff files will be completed	4/24/2023		

Nam	e - Certified Operator / Licensed Center	Provid	Provider Number / Facility ID Number			
Chip	Chippewa Valley Ymca-Hillcrest Asp 5000556395 / 025 - 2005055					
Address - Facility (Street, City, State, Zip Code) 1200 Miles St Chippewa Fls WI 547291924		Telephone Number 715-723-5135	Date - Regulation Visit 1/12/2023			
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date		
3	251.05(3)(g)1.  Assistant Child Care Teacher - Supervision  Description: Per staff files, the site does not have a Lead qualified Teacher to supervise the assistant child care teacher.	A review of all staff files will be completed.	412412023			
4	251.055(1)(b)  Supervision - Teacher Per Group Of Children  Description: The center does not have a Lead qualified teacher on site for the supervision of the children in care.	A review of all Staff files will be completed.	4/24/2023			

NAME - Agency Worker Heather Ruf Date Issued 1/17/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Le 12/2023