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| Date Correction Plan Due 12/11/2024 | 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.

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| Name - Certified Operator / Licensed Center Ymca Sch Age - Chappell | | Provider Number / Facility ID Number 6000560216 / 039 - 2000777 | | |
| Address - Facility (Street, City, State, Zip Code) 205 N Fisk St Green Bay WI 543033103 | | Telephone Number 920-492-2630 | Date - Regulation Visit 11/14/2024 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Of 4 Staff Records reviewed 1 was missing documentation of current CPR training- training on file expired 6/24. | <i>CPR was completed on time and is on file</i> | <i>12-3-24</i> | |
| 2 | 251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: Of 4 Staff Records reviewed 1 was missing documentation of orientation being completed within their first week at the center. | <i>Orientation checklist on file for staff member</i> | <i>12-3-24</i> | |

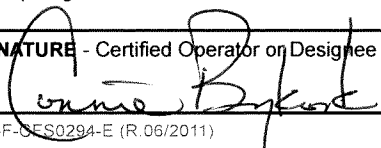
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| 3 | 251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: A medication on site to be administration as needed failed to be administered as prescribed by the label- the epi pen was labeled as expiring 12/23. | New Epi Pen is on site for child in question | 12-3-24 |
| 4 | 251.07(6)(f)6. Current Authorizations For Medications On Premises Description: A medication on premise failed to have a current parent written authorization-epi pen. | New authorization is on file for child in question | 12-3-24 |

NAME - Agency Worker
Ruth Sprangers

Date Issued
11/27/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



12-3-24