DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/9/2026		920-785-7811

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
Ymca Sch Age - Red Smith	6000560216 / 009 - 1001701

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
2765 Sussex Rd Green Bay WI 543117295	920-391-2425	9/10/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a) **Staff Record - Maintenance & Availability** Description: Based on record review on 9/10/26, staff B failed to have a staff file to review. The center was given about five hours to send the documents to the Department.	The staff was a sub from the Y that will no longer be working at a program	10-9-26	
2	251.05(2)(a)2. **Staff Record - Completed Background Check** Description: Based on record review on 9/10/26, staff B was not entered into child care provider portal for the facility and did not have a completed background check and finger prints as required by the Department. The center was given about five hours to send the documents to the Department.	The full time Y staff has been background checked prior to working but not finger printed & in portal. They are no longer working at a program.	10-9-26	

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Ymca Sch Age - Red Smith		6000560216 / 009 - 1001701
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Dao Xiong

Date Issued
9/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10-9-'26