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
6/6/2024		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	Provider Number / Facility ID Number
Ymca Camp St. Croix - Day Croix	5000557245 / 005 - 540003

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
532 County Road F Hudson WI 54016	612-461-9694	5/20/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.42(1)(a)3. **Staff File - Background Check Results** Description: Fingerprints not completed for the following individuals: Individual 001, Individual 002, Individual 003, Individual 004, Individual 005 Repeat violation: Previously cited on 9/6/2023, 11/21/2022, 8/30/2022, 8/15/2022, 7/15/2022	001- inportal, will not be present in summer 002, 003, 004, 005- deleted off portal, no longer working at Daycroix	6/6/24	

NAME - Agency Worker
Samantha Douglas

Date Issued
5/23/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Amy Rowan

Date Signed
6/6/24