

Date Correction Plan Due 2/21/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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.

Name - Certified Operator / Licensed Center Aspirus Ymca Child Development Ctr		Provider Number / Facility ID Number 3000557803 / 004 - 1009178		
Address - Facility (Street, City, State, Zip Code) 3402 Howland Ave Weston WI 544765633		Telephone Number 715-841-1862	Date - Regulation Visit 1/27/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Two staff in the Infant #1 Classroom were not signed in on the daily attendance sheet. Repeat violation: Previously cited on 11/17/2023	Went over sign-in policy with all staff who were present during visit.	2/10/2025	
2	251.08(4)(b) Driver Orientation - Requirement Description: Staff A did not have record of the annual driver orientation on file. Repeat violation: Previously cited on 6/12/2024	Staff A completed the annual driver orientation day after visit.	1/28/2025	

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3	251.09(4)(a)3. Infant & Toddler - Diaper Changing Surface Disinfection Description: Per observation and interview of staff, the disinfecting product was not being used as instructed on the label. Repeat violation: Previously cited on 11/17/2023, 4/12/2023	Discussed with staff the proper disinfecting procedure as instructed on the LABEL.	2/10/2025

NAME - Agency Worker Heather Struck	Date Issued 2/6/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 2/10/2025