

Date Correction Plan Due 10/21/2024	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 Ymca Washington Pryme Time Sch-Age		Provider Number / Facility ID Number 4000557914 / 011 - 1011005					
Address - Facility (Street, City, State, Zip Code) 1112 W 11Th St Washington Elementary School Marshfield WI 544494052		Telephone Number 715-387-4900	Date - Regulation Visit 10/2/2024				
1	Rule/Statute Number 251.06(3)(b)2. Noncompliance Statement Emergencies - Practice Written Plans Description: There is no documentation that fire and tornado drills were practiced in September 2024.	Correction Plan During staff meeting, staff were reminded to complete. Director will also stop by to make sure it is being completed monthly.	<table border="1"> <tr> <th data-bbox="1537 724 1793 789">Expected Completion Date</th> <th data-bbox="1793 724 2003 789">Verification Date</th> </tr> <tr> <td data-bbox="1537 789 1793 1058" style="text-align: center;">10/14/2024</td> <td data-bbox="1793 789 2003 1058"></td> </tr> </table>	Expected Completion Date	Verification Date	10/14/2024	
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10/14/2024							
2	Rule/Statute Number 251.07(5)(b)5. Noncompliance Statement Eating Surfaces - Cleaned, Sanitized Description: Per observation, staff did not wash and sanitize tables before serving snack.	Correction Plan Staff were talked to about the importance of cleaning of tables. Director will also stop by frequently to make sure it is being done.	<table border="1"> <tr> <th data-bbox="1537 1058 1793 1123">Expected Completion Date</th> <th data-bbox="1793 1058 2003 1123">Verification Date</th> </tr> <tr> <td data-bbox="1537 1123 1793 1323" style="text-align: center;">10/10/2024</td> <td data-bbox="1793 1123 2003 1323"></td> </tr> </table>	Expected Completion Date	Verification Date	10/10/2024	
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10/10/2024							

NAME - Agency Worker
Tiisha Harrell

Date Issued
10/7/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Caitlin Greyovich

Date Signed

10/10/2024