

<b>Date Correction Plan Due</b> 2/7/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Marshfield Area Ymca Child Care Center		4000 57914 / 017 - 2004173		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
410 W Mcmillan St Marshfield WI 544496015		715-387-4900	1/22/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: Infant Pain and Fever medication was authorized for a 2-week time period as needed, exceeding the length of time specified on the medication label.	Staff will be given a review of how to properly fill out medication forms and how to look/follow the label on the medication bottle. Staff will begin to write in medical log when last dose was given from parent as well before dropping off medication.	2/9/2024	

**NAME** - Agency Worker  
Trisha Hurrell, Kelly Iverson

*Cassandra Blasness*

Date Issued  
1/24/2024

*1.31.24*

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee  
DCF-F-CFS0294-E (R.06/2011)

Date Signed