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| Date Correction Plan Due 4/27/2022 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 920-785-7811 |
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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.

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| Name - Certified Operator / Licensed Center Ymca Sacc At Kennedy Elementary | | Provider Number / Facility ID Number 9000559219 / 015 - 2002140 | |
| Address - Facility (Street, City, State, Zip Code) 1629 11Th Ave Grafton WI 530242403 | | Telephone Number 262-235-9640 | Date - Regulation Visit 4/5/2022 |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date |
| 1 | 251.04(8)(b) Biennial Training - Child Abuse & Neglect Description: Based upon record review, Staff C did not documentation of completion of the biennial training for Child Abuse and Neglect within their file. | Staff C will have completion of Biennial Training for Child Abuse and Neglect w/ their file. | 4/13/22 |
| 2 | 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Based upon record review, the file of Staff E did not contain a physical examination report on a form provided by the department that was completed not more than 12 months prior to nor more than 30 days after the person was hired. | Staff E will have a physical examination Report on a form provided by the department that was completed not more than 12 months prior to not more than 30 days after the person was hired. | 4-13-22 |

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| 3 | 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Based upon record review, Staff C did not have documentation of completion a current certificate of completion for infant and child cardiopulmonary resuscitation and automated external defibrillator training. | <i>Staff C will have documentation of completion of Cardiopulmonary Resuscitation training.</i> | <i>4-15-22</i> |

NAME - Certification Worker / Licensing Specialist
Amanda Holz

Date Issued
4/13/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

4/13/22