Green Tree

INSTRUCTIONS FOR COMPLETING THE CORRECTION PLAN SECTION OF THE NONCOMPLIANCE STATEMENT AND CORRECTION PLAN (DCF-F-CFS294)

I have attached the Noncompliance Statement and Correction Plan (DCF-F-CFS294) dated November 13, 2025 . Please complete this form as follows:

1. In the column titled "Correction Plan," indicate how you intend to correct each noncompliance listed on the form and outline the steps you will take to prevent future violation of the same rule. If you need more space than is provided on the form, attach additional pages and identify the item number to which the correction plan is related. Because completed and approved correction plans will be scanned and linked to the Regulated Child Care and YoungStar Public Search internet site, which shows each provider's violations, please note the following when writing your correction plan:
   - Do not include confidential information, including the names of children and staff.
   - Write in concise, plain English.
   - Be specific when describing what you have done or intend to do to correct each violation. Non-specific statements such as "It will be fixed", "Done", "Will do", "Don't agree" or "This won't happen again" do not provide the reader with any understanding of how the violation has been corrected or how you plan to prevent the violation from occurring again.
   - Be objective, factual and descriptive. The plan should not include derogatory comments, profanity or subjective observations, such as "The licensing specialist doesn't like me."

2. For each noncompliance, enter the date (month, day, year) by which you expect the correction plan to be completed.

3. Sign and date the form. Retain a copy for your records.

4. **Return the completed and signed form to the department by the due date that appears at the top left of the form via:**
   - **Email:** AmandaR.Holz@wisconsin.gov **or**
   - **Fax:** (920) 785-7869 **or**
   - **Mail:** DEPARTMENT OF CHILDREN AND FAMILIES
     BUREAU OF EARLY CARE REGULATION
     NORTHEASTERN REGION
     200 NORTH JEFFERSON
     SUITE 411
     GREEN BAY, WI 54301

If the correction plan and the completion dates are acceptable, the form will be linked to the Regulated Child Care and YoungStar Public Search internet site. If the correction plan or the expected completion dates are not acceptable, you will be contacted in writing or by telephone.

You are required to post a copy of the Noncompliance Statement and Correction Plan (DCF-F-CFS294) in a conspicuous area near the license so that it is visible to parents. This copy must remain posted until all noncompliances have been verified as corrected and the next DCF-F-CFS294 or DCF-F-CFS785 (Compliance Statement) has been issued. Note: If applicable, do not post the Staff and Child Identification Key. The information on the key is confidential and is meant for your reference only.

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your feedback: https://www.surveymonkey.com/r/LicenseFeedback. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope.

Contact me if you have any questions.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Kmymca Green Tree Elementary		9000559219 / 043 - 2008352	
Address - Facility (Street, City, State, Zip Code) 1330 Green Tree Rd West Bend WI 530901771		**Telephone Number** 262-247-1030	**Date - Regulation Visit** 11/13/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Based upon record review Staff B and C did not have documentation of a staff physical examination within their files.	All staff will have physical examination documentation on site	01/14/26	
4	251.05(2)(a)4.b. **Staff Record - Registry Certificate - School Age Programs** Description: Based upon record review Staff A, B and C did not have documentation of a registry certificate for the school age program leader within their position greater than six months.	All teacher or higher Level staff will have registry Certificates on site.	01/14/26	
5	251.05(2)(a)5. **Staff Record - High School Diploma** Description: Based upon record review Staff A, B and C did not have documentation of their high school diplomas within the staff files.	All staff will have copies of their High School Diploma's (who have completed High School) on site.	01/14/26	
6	251.05(2)(a)7. **Staff Record - Continuing Education** Description: Based upon record review Staff A and B did not have documentation for continuing education for the year 2024.	All staff will have Continuing Education documentation on site	01/14/26	

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/27/2025		920-785-7811

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
Kmymca Green Tree Elementary	9000559219 / 043 - 2008352

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1330 Green Tree Rd West Bend WI 530901771	262-247-1030	11/13/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a) **Staff Record - Maintenance & Availability** Description: Based upon record review Staff B and C did not have the staff record form within their staff files on premise.	All staff will have staff records available on site.	01/19/26	
2	251.05(2)(a)2. **Staff Record - Completed Background Check** Description: Based upon record review, Staff B and C did not have documentation of a completed background check paper or electronic within the staff files.	All staff will have documented completed background checks on site.	01/19/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Kmymca Green Tree Elementary		9000559219 / 043 - 2008352	
Address - Facility (Street, City, State, Zip Code) 1330 Green Tree Rd West Bend WI 530901771	**Telephone Number** 262-247-1030	**Date - Regulation Visit** 11/13/2025	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
7	251.05(2)(a)8. **Staff Record - Orientation** Description: Based upon record review Staff B and C did not have documentation for completion of an orientation within their staff files.	All staff file documented orientation will be available in file on site	01/09/26	
8	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Based upon record review Staff B and C did not have documentation for completion of Child Abuse and Neglect.	All staff will have documentation of a completed Child Abuse and Neglect course on site.	01/14/26	
9	251.05(4)(a) **Staff Orientation - Develop, Implement, Document** Description: Based upon record review Staff B and C did not have documentation for completion of an orientation.	All staff orientation documentation will be available on site.	01/14/26	
10	251.05(4)(c)9. **Continuing Education - Documentation Of 12 Month Period** Description: Based upon record review Staff A and B did not have documentation of completion of the continuing education requirement for the year 2024.	All staff will have Continuing Documentation of Education on site	01/14/26	

Name - Certified Operator / Licensed Center			Provider Number / Facility ID Number	
Kmymca Green Tree Elementary			9000559219 / 043 - 2008352	
Address - Facility (Street, City, State, Zip Code) 1330 Green Tree Rd West Bend WI 530901771		**Telephone Number** 262-247-1030	**Date - Regulation Visit** 11/13/2025	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
11	251.06(3)(b)1. **Emergencies - Routes And Shelter Areas Posted** Description: Based upon observation and staff statement the emergency routes and shelter areas were not posted for the facility.	Emergency route map will be posted on site.	01/14/26	
12	251.06(9)(d)1.c. **Food Storage - Cold Storage Thermometers** Description: Based upon observation a thermometer was not located in the refrigerator.	A thermometer will be placed in the refrigerator at all times.	01/14/26	
13	251.07(6)(dm)3.b. **Medical Log - Injury In Care** Description: Based upon record review, 24 incidents involving child injuries were not documented in the medical log book upon inspection	The medical log will be updated and maintained nightly.	01/14/26	
14	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: Based upon document review, the medical authorization dates expired for the medication on premise.	All med authorizations will be kept up to date	01/14/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number
Kmymca Green Tree Elementary		9000559219 / 043 - 2008352
Address - Facility (Street, City, State, Zip Code) 1330 Green Tree Rd West Bend WI 530901771	**Telephone Number** 262-247-1030	**Date - Regulation Visit** 11/13/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Amanda Holz

Date Issued
11/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
11/6/26