

Date Correction Plan Due 2/12/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Sacc At Stellar Collegiate		Provider Number / Facility ID Number 1000558721 / 169 - 2002943		
Address - Facility (Street, City, State, Zip Code) 2431 S 10Th St Milwaukee WI 532153248		Telephone Number 414-357-1917	Date - Regulation Visit 1/25/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(h) Report - Change In Room Usage Description: The classroom used to provide care for the program was changed without prior notification to the Department.	Due to school need, one of our spaces is no longer available. We are using the cafeteria which is one of our licensed spaces and the main one when we licensed our program at this location. The gym and cafeteria are our main program spaces.	3/31/2024	
2	251.04(6)(a)6m. Child Record - Immunization History Description: Child #4 did not have documentation of immunizations on file.	Child #4 immunizations will be copied and on file on site.	3/31/2024	

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3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff C and D did not have documentation of a physical on file.	Staff C and D physical will be copied and placed on their file on site.	3/31/2024	
4	251.06(2)(i) Deteriorating Paint Description: There were several areas of chipped and flaking paint in the cafeteria/classroom. Repeat violation: Previously cited on 10/5/2022	The school is working on painting and correcting the areas with chipped and flaking paint in the cafeteria/classroom.	3/31/2024	
5	251.06(3)(b)2. Emergencies - Practice Written Plans Description: There was no documentation of fire drills completed in November or December 2023. Repeat violation: Previously cited on 10/5/2022	Staff were reminded that conducting drills are not enough, they must be documented on site as required.	3/31/2024	
6	251.094(5)(a) School-Age Group Leader - Supervision Description: Two group leaders were working without the supervision of a program lead.	Group Leaders are taking the required courses to be qualified. While they obtain their qualifications, a program lead will be present.	3/31/2024	

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7	251.095(2m)(c) School-Age Care - Supervision Of Group Of Children Description: Two group leaders supervised a group of children without a program lead present.	Group Leaders are taking the required courses to be qualified. While they obtain their qualifications, a program lead will be present.	3/31/2024

NAME - Agency Worker
Sarah Stormont

Date Issued
1/29/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Lizandra Rivera

Date Signed
2/9/2024