

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
262-446-7800

Date Correction Plan Due
2/6/2024

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 Mt Lebanon - Alpha

Provider Number / Facility ID Number

1000558721 / 205 - 2006556

Address - Facility (Street, City, State, Zip Code)

6100 W Hampton Ave Milwaukee WI 532184949

Telephone Number

414-430-7838

Date - Regulation Visit

1/8/2024

**Rule/Statute Number
Noncompliance Statement**

Correction Plan

**Expected
Completion Date**

**Verification
Date**

1

251.04(6)(a)6m.

Child Record - Immunization History

Description: Child 3 and Child 4 do not have documentation of an immunization history in the child record.

Child will have updated immunizations added to file.

2/8/24

2

251.05(2)(a)

Staff Record - Maintenance & Availability

Description: Staff files for Staff B and Staff C were unavailable for licensing review. These files were provided via email on 01/10/24.

Paper staff files are available for review.

2/12/24

Repeat violation: Previously cited on 10/10/2023

Name - Certified Operator / Licensed Center Ymca Sacc At Mt Lebanon - Alpha		Provider Number / Facility ID Number 1000558721 / 205 - 2006556	
Address - Facility (Street, City, State, Zip Code) 6100 W Hampton Ave Milwaukee WI 532184949		Telephone Number 414-430-7838	Date - Regulation Visit 1/8/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.05(2)(a)4.d. Staff Record - Educational Qualifications Description: Staff C, identified as a teacher, does not have documentation of educational qualifications for the position held.	Staff C resigned.	2/16/24
			Verification Date

NAME - Agency Worker
 Daniel Noel, Kristin Keck

Date Issued
 1/22/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Brittany Fowler

Date Signed

2/21/24