

Date Correction Plan Due 9/24/2024	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 Woodside Elementary		Provider Number / Facility ID Number 1000 58721 / 068 - 1004317		
Address - Facility (Street, City, State, Zip Code) W236 N7465 Woodside Rd Sussex WI 53089		Telephone Number 414-274-0759	Date - Regulation Visit 9/9/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(a) Report - Incident Or Accident Description: The department was not notified when a child chipped their tooth and sought treatment from a dentist.	Staff and Leadership were retrained from the DCF guidelines what incidents or accidents need to be reported to DCF	9/12/2204	9/1220/24
2	251.094(3)(c)4. School-Age Director - Training Description: The program did not provide documentation of educational qualifications for the director.	Staff is updating qualification with direct help from the Registry and education qualification through UWM and the Wisconsin after school network.	9/12/24	9/12/2024

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NAME - Agency Worker
Sarah Stormont

Date Issued
9/10/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.094(5)(c)3. School-Age Group Leader - Training Description: The school-age group leader did not complete training within 6 months of assuming the position.	Staff has completed Intro to the School age Profession 9/16/2024 and currently enrolled for Guiding Children's Behaviors to start in October.	10/31/2024	9/20/2024