

BUREAU OF EARLY CARE REGULATION
SOUTHEASTERN REGION
635 N 26th ST
MILWAUKEE, WI 53233



State of Wisconsin
Provider # 1000558721/169
Facility ID 2002943

Regional Office:
Phone: (262) 446-7800 Fax: (262) 446-7991
Licensing Specialist: Maureen Slatten

Date: 01/06/2025

CARRIE WALL/APRIL GREENMAN
YMCA OF METROPOLITAN MILWAUKEE
PO BOX 2174
MILWAUKEE, WI 53201-2174

Category: Group
County: Milwaukee County

The State of Wisconsin is an equal opportunity service provider. If you need this material in a different format because of a disability, or if you need this letter translated or explained in your own language, please call the telephone number shown above. These services are free.

LICENSE CONTINUATION REMINDER

Facility Address: YMCA SACC AT STELLAR COLLEGIATE
2431 S 10TH ST
MILWAUKEE, WI 53215-3248

A review of your license must be completed every two years. According to our records, this should be completed by 01/31/2025 for the license issued to your facility. To date, we have not received one or more of the following license application materials:

- completed application
- license fee payment
- other fee(s) or forfeiture fee(s)

Because you have not submitted all continuation materials and/or fees at least 30 days prior to the license continuation review date, as required by administrative rule, we have attached a Noncompliance Statement and Correction Plan identifying this violation. Your correction plan should simply state "Submittal of all continuation materials/fees," along with the date of submittal. The Bureau of Early Care Regulation will verify that the violation has been corrected upon receipt of all outstanding materials and/or fees. Note: The Noncompliance Statement and Correction Plan must be posted beside the child care license.

If you wish to continue your license, submit all items requested above no later than the license continuation review date. Failure to submit these materials on or before the license continuation review date will result in late fees of \$5.00 per day, for up to 30 calendar days, being assessed for every day after the deadline that we have not received your full license fee payment. The amount of your late fee is determined based on the postmark on the envelope in which the materials are mailed.

Based on your current capacity of 30, your license fee is \$538.45.

Any forfeiture assessed under s.48.715(3)(a) or penalty under s.48.76 that is due must be paid before a license will be issued or renewed. Payment in the form of a check or money order for all fees due (including any license, late fees or forfeitures) should be made payable to the Department of Children and Families.

Please mail any materials
and/or any fees due to: BUREAU OF EARLY CARE REGULATION
SOUTHEASTERN REGION
635 N 26th ST
MILWAUKEE, WI 53233

If you have already mailed the items listed above, please disregard this notice. If you do not wish to continue your license, please respond in writing indicating the date you will close the facility.

Sincerely,

Randall Gasser
LICENSING MANAGER
BUREAU OF EARLY CARE REGULATION

**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 January 06, 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:** Maureen.Slatten@wisconsin.gov or
 - **Fax:** (262) 446-7991 or
 - **Mail:** DEPARTMENT OF CHILDREN AND FAMILIES
BUREAU OF EARLY CARE REGULATION
SOUTHEASTERN REGION
635 N 26th ST

MILWAUKEE, WI 53233

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.

Date Correction Plan Due 1/6/2025	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 1/6/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.11(4)(b) Continuation License - Application Materials Submission	The continuation license materials were mailed on Dec. 21, 2024 but due to the holidays, they were late. They have now been confirmed as being received by the department.	1/15/2025	

NAME - Agency Worker
Maureen Slatten

Date Issued
1/6/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Lizandra Rivera

Date Signed
1/15/2025