

Date Correction Plan Due 2/12/2025	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 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 1/24/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(6)(a)6. Child Record - Health History</p> <p>Description: Child 2 has a documented medical condition, however there is no information in the child record about triggers that may cause a problem, signs or symptoms for the provider to watch for, steps a provider should follow, when to call a parent regarding symptoms, when the condition requires emergency medical care, and identification of all providers who have received specialized training or instructions to help treat symptoms.</p> <p>Repeat violation: Previously cited on 10/10/2023</p>	<p>Child 2's file updated to reflect necessary documentation.</p>	1/31/2025	
2	<p>251.05(2)(a)1. Staff Record - Personal Information</p> <p>Description: The staff record form for Staff B is incomplete and is missing page 2 which includes previous work experience in child care.</p>	<p>Staff record form scanned and saved with all pages.</p>	1/31/2025	

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Rule/Statute Number Noncompliance Statement		Correction Plan	Expected Completion Date
3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A does not have documentation of a current certificate of completion for infant and child CPR and AED use within 3 months after Staff A began working with children in care.	Staff A has been removed from schedule and signed up for next available CPR class	2/8/2025
			Verification Date

NAME - Agency Worker
Daniel Noel

Date Issued
1/28/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Gabrielle Pazos-Baumann

Date Signed
1/31/2025