

Date Correction Plan Due 3/6/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN
TO FILE A COMPLAINT CALL 262-446-7800	

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 Marcy Elementary			
Address - Facility (Street, City, State, Zip Code)		Telephone Number	
W180 N4857 Marcy Rd Menomonee Falls WI 53051		414-357-1904	
Rule/Statute Number		Correction Plan	
Noncompliance Statement		Expected Completion Date	
1 251.05(3)(c) Cardiopulmonary Resuscitation Training		03/15/2025	
Description: Staff A did not complete CPR within three months of working with children in care.			
Repeat violation: Previously cited on 3/7/2024			
Provider Number / Facility ID Number		Date - Regulation Visit	
1000558721 / 119 - 1012380		2/19/2025	
Verification Date		Verification Date	

NAME - Agency Worker Katrina Tarantino	Date Issued 2/20/2025
SIGNATURE - Certified Operator or Designee / Licensee or Designee <i>Katrina Tarantino</i>	Date Signed 02/26/2025