

Date Correction Plan Due 4/23/2025	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 At Mount Calvary Lutheran School		Provider Number / Facility ID Number 1000558721 / 192 - 2005394		
Address - Facility (Street, City, State, Zip Code) 2862 N 53Rd St Milwaukee WI 532101613		Telephone Number 414-852-5043	Date - Regulation Visit 4/8/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. Child Record - Health History Description: Children 2 and 4 did not have documentation of additional information needed when a medical condition is identified. Repeat violation: Previously cited on 4/4/2024	Families contacted, additional information has been provided	4/22/2025	
2	251.06(1)(c) Space Designated For Children Description: During the visit, space designated for use by children and staff in the program was being used by an outside agency. Adults from this agency were seated in the child care space, walking throughout and utilizing the bathrooms assigned to the after school program.	Outside agency has been relocated to space that children and staff do not have access to.	4/22/2025	

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3	251.07(6)(g)1. Wiping Bodily Secretions Description: No tissues were available for use.	Tissues have been provided and are available during program	4/22/2025

NAME - Agency Worker
Cindy Matuszak

Date Issued
4/9/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Gabrielle Pazos-Baumann

Date Signed
4/28/2025