

Date Correction Plan Due 4/29/2025	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 Stormonth Elementary		Provider Number / Facility ID Number 1000558721 / 111 - 1010648		
Address - Facility (Street, City, State, Zip Code) 7301 N Lombardy Rd Fox Point WI 532173532		Telephone Number 414-357-1915	Date - Regulation Visit 4/9/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(b) Abusive Head Trauma Prevention Training Description: Unable to provide any record of staff qualifications	Staff qualifications will be available.	4/9/25	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Unable to provide staff qualifications	Staff qualifications will be available.	4/9/25	
3	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Unable to provide staff qualifications	Staff qualifications will be available.	4/9/25	

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4	251.06(2)(d) Access To Materials Potentially Harmful To Children Description: Toxic cleaning cleaning chemicals stored on low and accessible shelves in school lunch room utilized by children in care	Cleaning supplies belong to school not YMCA. YMCA will work with school personnel to securely store cleaning supplies.	5/5/25	
5	251.06(2)(i) Deteriorating Paint Description: Flaking paint observed in classroom on the western wall	Flaking paint will be removed.	5/5/25	
6	251.06(3)(b)2. Emergencies - Practice Written Plans Description: No record of fire or tornado drills maintained	Completion of safety drills will be documented each month.	4/16/25	
7	251.06(4)(b) Fire Extinguishers - Staff Use Description: Staff unable to identify location of any fire extinguisher near licensed space	Staff will be able to identify location of nearest fire extinguisher.	4/16/25	

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8	251.07(6)(dm)3.c Medical Log - Medication Administration Description: Medication issued daily. Staff reported that at no time do they write down or document administration of medication	Staff will receive additional training on how to administer and document all medication.	5/15/25	
9	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: No medication intervals on medication authorization forms as required for child 1. No parent signature on medical plan for child #2	Medication authorization forms will be reviewed with parents and filled out fully.	5/1/25	
10	251.07(6)(f)5. Medication Administration - As Labeled & Authorized Description: No complete parent authorization for medication issued during the visit	Medication authorization forms will be reviewed with parents and filled out fully.	5/1/25	

NAME - Agency Worker
Paul Spink

Date Issued
4/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kristin Nesbit Stephanie Gayfield

Date Signed
4/28/25