

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 Sacc At St Gregory The Great		Provider Number / Facility ID Number 1000558721 / 198 - 2005629		
Address - Facility (Street, City, State, Zip Code) 3132 S 63Rd St Milwaukee WI 532194113		Telephone Number 414-357-1917	Date - Regulation Visit 4/3/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. Child Record - Health History Description: Child 1, identified as having a health condition, did not have additional information documented such as triggers that may cause a problem, signs to watch for, steps a worker shall follow, when to call a parent and identification of all workers who have received specialized training or instructions to treat symptoms.	The Y connected with child 1 parent and add the missing information to his child profile.	5/1/2025	
2	251.094(4)(c) School-Age Program Leader - Training Description: Staff C, identified as working as a program leader, did not have documentation of having completed qualifying training.	Staff C has enrolled in the course needed to be a School Age Program Leader.	6/1/2025	

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3	251.095(2m)(c) School-Age Care - Supervision Of Group Of Children Description: Per staff statements, students have not always been supervised by a school-age program leader, when a group leader qualified staff person has provided sole supervision.	Students will be supervised by a school age program leader.	5/1/2025	
4	251.095(2m)(d) School-Age Care - Group Leader Supervision For 45 Minutes Description: Per staff statements, a school-age group leader providing sole supervision for more than 45 minutes was not supervised by a qualified school-age program leader. A qualified school-age program leader is required to be on the premises. Repeat violation: Previously cited on 3/13/2024	Students will be supervised by a school age program leader.	5/1/2025	

NAME - Agency Worker
Cindy Matuszak

Date Issued
4/9/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

5/1/2025