Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
12/16/2025		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		Provider Number / Facility ID Number
Ymca Sacc At New Testament Christian Academy		1000558721 / 185 - 2004705
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
10201 W Bradley Rd Milwaukee WI 532242667	414-651-6442	11/17/2025

	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 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.	Information about child's medical condition will be collected and documented on allergy list for staff to review. Identification of providers to provide care will also be documented.	12/12/25	
2	251.06(3)(b)4. **Emergencies - Record Of Fire / Tornado Drills** Description: A tornado drill was not documented for October 2025.	Tornado drills will be conducted monthly and documented appropriately.	12/12/25	

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3	251.07(6)(i)1. **Washing Child's Hands & Face** Description: 2 children did not wash their hands before being served snack.	All Children eating snack will wash hands prior to and after snack.	12/8/25	
4	251.07(6)(i)2. **Adult Handwashing** Description: Staff A did not wash their hands prior to serving snack to the children.	Staff shall wash hands before serving snack.	12/8/25	

NAME - Agency Worker
Daniel Noel, Kristin Lange

Date Issued
12/1/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Laura Stackhouse

Date Signed
12/8/25