

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
5/14/2026

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

Provider Number / Facility ID Number

Ymca Sacc At Mop 38Th St

1000558721 / 193 - 2005416

Address - Facility (Street, City, State, Zip Code)
2623 N 38Th St Milwaukee WI 532102502

Telephone Number
414-357-9462

Date - Regulation Visit
4/22/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(6)(a)6. Child Record - Health History</p> <p>Description: Child 1 and Child 2 have 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.</p> <p>Repeat violation: Previously cited on 10/1/2025</p>	<p><i>A State will contact Parent to update/ include All Required information. An audit will be performed to check.</i></p>	<p><i>5/22/2026</i></p>	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Ymca Saac At Mcp 38Th St

1000558724 / 193 - 2005416

Address - Facility (Street, City, State, Zip Code)
2623 N 38Th St Milwaukee WI 532102502

Telephone Number
414-357-9462

Date - Regulation Visit
4/22/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2 251.07(6)(dm)1. Medical Log Book Description: During the visit, staff were unable to locate the medical log book. Repeat violation: Previously cited on 10/1/2025	Medical log will be available for inspection with review.	4/23/2026	
3 251.07(6)(dm)3.b. Medical Log - Injury In Care Description: An injury that occurred on 04/10/26, requiring a child to receive professional medical treatment for a concussion, was not documented in the medical log book per Staff A who was present and managed the incident.	Injuries will be entered into the Medical log. Staff will be retrained.	4/23/2026	

NAME - Agency Worker
Daniel Noel

Date Issued
4/29/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



5/13/2026