Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/26/2026		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 Hales Corners		1000558721 / 028 - 220537	
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**	
11320 W Janesville Rd Hales Corners WI 531302465	414-900-2169	9/30/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff A has been employed since September 2025 and did not have a health report on file stating they are free from illnesses detrimental to children and that they are physically able to work with young children.	Staff A will obtain proper health report from a physician & have it available for viewing	12/31/26	
2	251.05(3)(cm) **Child Abuse & Neglect - Biennial Training** Description: Staff B does not have a current Child Abuse & Neglect training on file; the certificate on file expired in February 2025.	Staff B will complete the Child Abuse & Neglect training and have it available for viewing	11/30/26	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.05(3)(f)3. **Child Care Teacher - Entry-Level Training** Description: Neither Staff A nor Staff B have completed the required entry-level training to be a child care teacher.	Staff A & B will complete the required training to be a child care teacher.	2/28/27	
4	251.055(1)(b) **Supervision - Teacher Per Group Of Children** Description: Staff A and Staff B were present during the licensing visit, however, neither of them are lead qualified.	Staff A or B will complete the trainings required to be lead certified.	2/28/27	

NAME - Agency Worker
Katrina Tarantino

Date Issued
10/12/2026

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

Date Signed
11/3/26