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|----------------------------------------------|----------------------------------------------------|--|-------------------------------------------------|
| <b>Date Correction Plan Due</b><br>3/21/2023 | <b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b> |  | <b>TO FILE A COMPLAINT CALL</b><br>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)(f) 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.

|                                                                                                                                                                                                       |                                                                                            |                                                                           |                                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------|
| <b>Name - Certified Operator / Licensed Center</b><br>Ymca Sacc Willow Glen Elementary                                                                                                                |                                                                                            | <b>Provider Number / Facility ID Number</b><br>1000558721 / 106 - 1009691 |                                             |
| <b>Address - Facility (Street, City, State, Zip Code)</b><br>2600 E Bolivar Ave St Francis WI 53235                                                                                                   |                                                                                            | <b>Telephone Number</b><br>414-357-1938                                   | <b>Date - Regulation Visit</b><br>2/27/2023 |
| <b>Rule/Statute Number</b><br><b>Noncompliance Statement</b>                                                                                                                                          | <b>Correction Plan</b>                                                                     | <b>Expected Completion Date</b>                                           | <b>Verification Date</b>                    |
| 1<br>251.04(6)(a)1.<br><b>Child Record - Enrollment Information</b><br><br>Description: There was missing information on the child enrollment form for Child #1 & #4.                                 | Parents will be contacted and asked to provide missing info or risk losing spot in program | 4/3/23                                                                    |                                             |
| 2<br>251.04(8)(b)<br><b>Biennial Training - Child Abuse &amp; Neglect</b><br><br>Description: There was no documentation of a current Child Abuse and Neglect/Mandated Reporter Training for Staff A. | Staff will be reviewed and updated to have all documents on file                           | 4/3/23                                                                    |                                             |



|                                                                                                     |                                                                                                                                                      |                                                                           |                                             |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------|
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| <b>Rule/Statute Number</b>                                                                          | <b>Noncompliance Statement</b>                                                                                                                       | <b>Correction Plan</b>                                                    | <b>Expected Completion Date</b>             |
| 3                                                                                                   | 251.05(2)(a)3.a.<br><b>Staff Record - Physical Examination</b><br>Description: There was no documentation of a staff health report for Staff A.      | Staff file will be reviewed and updated to have all documents on site     | 4/3/23                                      |
| 4                                                                                                   | 251.06(3)(b)2.<br><b>Emergencies - Practice Written Plans</b><br>Description: There was no documentation of a completed fire drill for January 2023. | Drill was recording in wrong spot on form - moved to correct area         | 2/27/23                                     |
|                                                                                                     |                                                                                                                                                      |                                                                           | <b>Verification Date</b>                    |

**NAME - Agency Worker**  
Rhonda Brueggemann

**Date Issued**  
3/6/2023

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

3-14-23

