

Date Correction Plan Due 2/21/2024	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)(f) and (3)(d), DCF 251.04(2)(1) 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 Wfs. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wfs. 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 Willow Glen Elementary		Provider Number / Facility ID Number 1000558721 / 106 - 1009691	
Address - Facility (Street, City, State, Zip Code) 2600 E Bolivar Ave St Francis WI 53235		Telephone Number 414-357-1938	Date - Regulation Visit 2/6/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 Child Record - Immunization History Description: There was no record of immunizations for Child #1-4.	Families will be contacted to submit their child's immunization records for their file.	2/19/24	
2 251.05(2)(a)7. Staff Record - Continuing Education Description: Staff A and B did not have documentation of continuing education hours.	Continuing education hours will be recorded on appropriate form and be kept on file.	2/19/24	

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3 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A did not complete a biennial Child Abuse & Neglect training. Repeat violation: Previously cited on 2/27/2023	Staff will have completed training certificate on file.	2/19/24	

NAME - Agency Worker
Katrina Tarantino

Date Issued
2/7/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

2/7/2024