Date Correction Plan Due 3/30/2022	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	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 Deer Creek	1000558721 / 021 - 220561

Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
3680 S Kinnickinnic Ave St Francis WI 532353742	414-274-0756	3/14/2022

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(6)(a)1. **Child Record - Enrollment Information** Description: Child #1 and 2 had incomplete enrollment information.	Information will be obtained from families and put in each child's file	4/30/22	
2	251.04(6)(a)6. **Child Record - Health History** Description: Child #1 and 2 did not have a complete health history form on file.	↓	4/30/22	
3	251.04(6)(a)6m. **Child Record - Immunization History** Description: Child#2 did not have an immunization history on file.	↓	4/30/22	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Ymca Sacc At Deer Creek		1000558721 / 021 - 220561		
Address - Facility (Street, City, State, Zip Code) 3680 S Kinnickinnic Ave St Francis WI 532353742		**Telephone Number** 414-274-0756	**Date - Regulation Visit** 3/14/2022	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
4	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Staff B did not have a physician sign/date the staff health report.	Staff will visit doctor and obtain a completed report to place in file	5/30/22	
5	251.05(2)(a)4.b. **Staff Record - Registry Certificate - School Age Programs** Description: Staff C does not have a Registry certificate on file for review.	Director will work with staff on completion of Registry profile and obtaining certificate	5/30/22	
6	251.05(4)(c)9. **Continuing Education - Documentation Of 12 Month Period** Description: Staff B and C did not have documentation of continuing education hours for the previous year.	Documentation will be adding to their file using form provided by DCF	4/30/22	
7	251.06(3)(b)4. **Emergencies - Record Of Fire / Tornado Drills** Description: There was no record of fire drills being conducted for January and February 2022.	Director will review drill expectations with staff and ensure drills are conducted correctly for remaining months of the school year	5/30/22	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Ymca Sacc At Deer Creek		1000558721 / 021 - 220561		
Address - Facility (Street, City, State, Zip Code) 3680 S Kinnickinnic Ave St Francis WI 532353742		**Telephone Number** 414-274-0756	**Date - Regulation Visit** 3/14/2022	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
8	251.06(4)(j) **Fire Alarms & Smoke Detectors - Maintenance, Drills, Testing** Description: There was no documentation of smoke detector drills being conducted for January and February 2022.	Director will communicate with school regarding these drills and will obtain documentation and/or how to complete testing for remaining months	4/30/22	
9	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: The medical/injury log book was not reviewed in the past 6 months.	Med log will be reviewed in March and again at the end of the school year in June	4/30/22	

NAME - Certification Worker / Licensing Specialist
Laura Taylor

Date Issued
3/16/2022

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

Date Signed
3/30/2022