

Date Correction Plan Due 3/25/2019	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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)(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 Ymca Sch Age Care - Sunrise		Provider Number / Facility ID Number 5000560455 / 011 - 420722		
Address - Facility (Street, City, State, Zip Code) N9363 Exploration Dr Appleton WI 54915		Telephone Number 920-830-5719	Date - Regulation Visit 2/19/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(5)(a)8. Staff File - Days & Hours Worked Description: Documentation of the days and hours worked when the person was included in the staff-to-child ratio failed to be current and accurate. Staff failed to sign in and/or were not signed into the correct group that they were counted in the ratio for.	All staff will sign in and out on the attendance sheet daily.	1/24/22	
2	251.06(3)(c) Emergencies - Record Of Fire / Tornado Drills Description: There was no documentation of a monthly drill for January.	An emergency drill will be done every month and documented accordingly.	1/24/22	

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NAME - Certification Worker / Licensing Specialist
Ruth Sprangers

Date Issued
3/11/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
1-24-22

