Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/15/2024		920-785-7811

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 Sch Age - Greenville		5000560455 / 036 - 1009739
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
W6822 Greenridge Dr Greenville WI 549429645	920-560-3419	7/29/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: Of 8 Staff Record reviewed 1 failed to have documentation of a completed health exam with all the required information.	Health exam scheduled for 1 staff member on 8/6/24. Administrative staff will audit staff files monthly to ensure all required paperwork is accounted for. This will be tracked by the child care coordinator.	09/06/2024	
2	251.07(3)(b)2. **Equipment - Quantity For Indoors** Description: Center failed to have at least 3 activities involving equipment when all children are using equipment for the centers current capacity of 100. Repeat violation: Previously cited on 8/16/2022	Materials and games will be added or purchased to ensure enough materials for 3 choices per child at all offered times.	09/16/2024	

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3	251.07(6)(f)1.b. **Medication Administration - Containers & Labeling** Description: A medication failed to be labeled with the child's name as required.	Staff retraining on next staff meeting regarding medication administration, labeling, and medication logs. Site leader/coordinator will do medication checks monthly for expiration dates and proper labeling.	08/26/2024	
4	251.07(6)(f)5. **Medication Administration - As Labeled & Authorized** Description: A medication failed to be current- Epi pen was expired.	Staff retraining on next staff meeting regarding medication administration, labeling, and medication logs. Site leader/coordinator will do medication checks monthly for expiration dates and proper labeling.	08/26/2024	

NAME - Agency Worker
Ruth Sprangers

Date Issued
8/1/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
08/06/2024