

Date Correction Plan Due 12/3/2024	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 - Tanner		Provider Number / Facility ID Number 5000560455 / 055 - 1014654		
Address - Facility (Street, City, State, Zip Code) 2500 Fieldcrest Kaukauna WI 541304505		Telephone Number 920-830-5720	Date - Regulation Visit 11/14/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: There was no thermometer in the 4K room freezer Repeat violation: Previously cited on 12/5/2022	A new thermometers was placed in freezer	11/20/24	
2	251.07(6)(dm)3.b. Medical Log - Injury In Care Description: Two injuries were not logged in the medical logbook on the day were received. One was missing the date of the injury.	All injuries are entered into medical log book	11/20/24	

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3	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The medical logbook was last reviewed on 3/14/24 Repeat violation: Previously cited on 5/19/2023, 12/5/2022	Medical log book has been reviewed and signed off	11/20/24
4	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: There were 2 epi-pens and 1 inhaler that did not have an authorization to administer at the facility.	Parent authorizations for medications have been filled out, signed, and placed w/ medications	11/20/24

NAME - Agency Worker
Jill Kellner

Date Issued
11/19/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

11/22/24