

<b>Date Correction Plan Due</b> 11/27/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Ymca Sch Age Care - Coolidge		<b>Provider Number / Facility ID Number</b> 5000560455 / 048 - 1012858		
<b>Address - Facility (Street, City, State, Zip Code)</b> 321 Alcott Dr Neenah WI 54956		<b>Telephone Number</b> 920-209-5974	<b>Date - Regulation Visit</b> 10/29/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)6. <b>Staff Record - Days &amp; Hours Worked</b>  Description: Documentation of staff hours worked-sign in/out when being counted in ratio failed to be up to date. Two staff members failed to sign in/out on this day.	Reminded staff of the importance of signing in when they arrive at the site.  Will continue to monitor and remind.	12/9/24	
2	251.06(3)(b)4. <b>Emergencies - Record Of Fire / Tornado Drills</b>  Description: There was no documentation of a Tornado drill practice for the month of September as required.	Reminded staff to document drills immediately.  Will continue to monitor and remind.	12/9/24	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Ymca Sch Age Care - Coolidge		5000560455 / 048 - 1012858		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
321 Alcott Dr Neenah WI 54956		920-209-5974	10/29/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(4)(jm)1. <b>Fire Alarms &amp; Smoke Detectors - Drills</b>  Description: A signaling device, such as a smoke, heat, or flame detector, currently failed to be used to conduct monthly fire evacuation drills. Staff verbally told the children to line up for a drill.	Will install sound on ipads for teachers to play.	1/31/25	
4	251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: Medication authorizations failed to be completely filled out by the parent. Forms failed to contain administration from/to dates.	Got parent to correct the date on the form.	12/9/24	
5	251.07(6)(f)5. <b>Medication Administration - As Labeled &amp; Authorized</b>  Description: Medication failed to be administered as labeled. An inhaler was expired 9/23.	Asked parent for unexpired inhaler.  Returned current inhaler so it is no longer on site.	12/9/24	

**NAME** - Agency Worker  
Ruth Sprangers

Date Issued  
11/13/2024

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



Date Signed  
12/9/24