

Date Correction Plan Due 2/21/2025	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 Neenah-Menasha Ymca Child Dev Ctr		Provider Number / Facility ID Number 5000560455 / 029 - 420513		
Address - Facility (Street, City, State, Zip Code) 110 W North Water St Neenah WI 54956		Telephone Number 920-886-2160	Date - Regulation Visit 2/5/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: Documentation of hours worked when counted in staff-to-child ratio failed to be up to date/current- staff were missing sign/out times.	Remind staff of the need to have correct data. Sign in/out of ½ hour check sheets. Discuss at next staff meeting.	2/18/25	
2	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Parent authorizations for Medications failed to contain all of the required information. -Duration of medication administration from/to date. -Times for the medication to be administered, "as needed" may only be noted for chronic health medications.	Remind staff of the process for collecting med forms from parents. Admin. check forms when they come in.	2/18/25	

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3	251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: Infant bottles brought from home failed to be labeled with the child's name.	Have staff use label maker to label all bottles. Also, notify families that any new bottles coming in must be labeled.	2/7/25
			Verification Date

NAME - Agency Worker
Ruth Sprangers

Date Issued
2/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Mary Siebat

Date Signed
2/7/2025