

<b>Date Correction Plan Due</b> 12/1/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Ymca Sch Age - Greenville		<b>Provider Number / Facility ID Number</b> 5000560455 / 036 - 1009739		
<b>Address - Facility (Street, City, State, Zip Code)</b> W6822 Greenridge Dr Greenville WI 549429645		<b>Telephone Number</b> 920-560-3419	<b>Date - Regulation Visit</b> 6/13/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Of 9 Staff Records reviewed 2 failed to have documentation of an exam.  Repeat violation: Previously cited on 7/29/2024	<i>All exams were scheduled &amp; completed by end of month 7/1/25</i>	7/1/25	
2	251.05(2)(a)4.d. <b>Staff Record - Educational Qualifications</b>  Description: Of 9 Staff Records reviewed 1 failed to have documentation of educational qualifications.	<i>The staff person was enrolled in the assistant class and finished it by 7/30/25</i>	7/30/25	

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3	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Of 9 Staff Records reviewed 4 failed to have documentation of current CPR training.	A class was scheduled for all staff in need of CPR	7/15/25	
4	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Of 9 Staff Records reviewed 4 failed to have documentation of biennial CAN training.	Certificates were brought to site or class completed	7/1/25	
5	251.055(1)(f) <b>Child Tracking Procedure</b>  Description: The center failed to implement and adhere to their procedure to ensure that the number, names, and whereabouts of children in care are known to assigned child care workers at all times resulting in a child being left in the bathroom for approximately 2 minutes.  The above the violation is the result of a self-reported incident by the center as required by licensing.	a classroom was created in Lillio to mark children out when they are in the bathroom. update name-to-face sheets used to double-check	7/1/25	

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6	251.07(6)(f)1.a. <b>Medication Administration - Parent Authorization</b>  Description: Parent authorizations were missing and/or incomplete- forms failed to include duration- from/to dates of medication or be onsite to administer medication.	Medications reviewed periodically to ensure they are properly filled out.	9/1/25 w/start of school year.

<b>NAME - Agency Worker</b> Ruth Sprangers	<b>Date Issued</b> 11/17/2025
<b>SIGNATURE - Certified Operator or Designee / Licensee or Designee</b> 	<b>Date Signed</b> 1-5-26