

Date Correction Plan Due 4/8/2020	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 - Lakeview		Provider Number / Facility ID Number 5000560455 / 047 - 1012859	
Address - Facility (Street, City, State, Zip Code) 1645 S Commercial St Neenah WI 54956		Telephone Number 920-728-9950	Date - Regulation Visit 2/20/2020
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Of 5 Staff Records reviewed 2 were missing documentation of an exam and test results, 1 failed to be on a department form as required.	Ensure all staff have on file on the proper form, within 30 days of hire.	7.8.20
2	251.05(2)(a)4.d. Staff Record - Educational Qualifications Description: Of 5 Staff Records reviewed 2 were missing documentation of educational qualifications.	Ensure documentation is in staff's file.	9.1.20

Name - Certified Operator / Licensed Center Ymca Sch Age Care - Lakeview		Provider Number / Facility ID Number 5000560455 / 047 - 1012859		
Address - Facility (Street, City, State, Zip Code) 1845 S Commercial St Neenah WI 54958		Telephone Number 920-729-9950	Date - Regulation Visit 2/20/2020	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(2)(a)7. Staff Record - Continuing Education Description: Of 5 Staff Records reviewed 1 was missing documentation of the required number of continuing education hours.	Ensure staff's continuing education records meet requirements.	9.1.20	
4	251.08(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: The freezer failed to be equipped with a visible thermometer.	Purchase a thermometer for the freezer.	7.8.20	

NAME - Certification Worker / Licensing Specialist
Ruth Sprangers

Date Issued
3/23/2020

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed