Date Correction Plan Due
10/10/2019

NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN

TO FILE A COMPLAINT CALL
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.

Name - Certified Operator / Licensed Center	Provid	er Number / Facility ID Nu	mber	
Wilson Elementary School - Ymca Program 5000560455 / 049 - 1012856				
Address - Facility (Street, City, State, Zip Code) 920 Higgins Rd Neenah WI 54956	Telephone Number 920-886-2126	Date - Regulation Visit 9/9/2019		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
Compliance With Laws Description: Contrary to s.48.686(2)(ab) Wis. Stats., the center failed to submit a criminal background check request to the department and obtain an approved preliminary report indicating a staff member was eligible to work in the child care program prior to them becoming a caregiver. Upon completion caregiver was found to be ineligible.	Staff person was immediately removed from the schedule and is no longer employed with the YMCA.	9/26/19		
2 251.04(5)(a) Staff File - Maintenance & Availability Description: Of 5 Staff Records reviewed 1 failed to have a file on site for review.	Staff file will be placed at site.	10/4/19		

Nar	ne - Certified Operator / Licensed Center	Provide	er Number / Facility ID Nur	nber
Milson Elementary School - Ymca Program 5000560455 / 049 - 1012856				
Address - Facility (Street, City, State, Zlp Code) 920 Higgins Rd Neenah WI 54956		Telephone Number 920-886-2126	Date - Regulation Visit 9/9/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	251.04(5)(a)1. Staff File - Staff Record Information Description: Of 5 Staff Records reviewed 1 was missing documentation of information such as that found on a staff record form.	Staff person will complete the staff record and record will be placed at the site.	10/4/19	
	251.04(5)(a)5. Staff File - Registry Certificate, Educational Qualifications Description: Of 5 Staff Records reviewed 2 were missing documentation of a Registry Certificate for their qualifications.	Registry certificate will be printed and placed in staff's file at the site.	10/10/19	
	251.05(2)(c)2. Continuing Education Requirement - Part Time Staff Description: Of 5 Staff Records reviewed 1 was missing documentation of the required number of continuing education hours.	Updated documentation will be placed in the staff's file. If more hours are needed, staff work to complete the over due hours.	10/10/19	

NAME - Certification Worker / Licensing Specialist Ruth Sprangers	Date Issued 9/26/2019
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed
Men XV Dellas	10.8.19