Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
10/23/2023	PLAN	262-446 - 7800

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.

Nam	ne - Certified Operator / Licensed Center	Provide	er Number / Facility ID Nu	mber	
Ymca Dousman Y Care 80005				58698 / 030 - 2004145	
	ress - Facility (Street, City, State, Zip Code) E Ottawa Ave Dousman W! 531189703	Telephone Number 262-468-0477	Date - Regulation 10/4/2023	Visit	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: An initial health examination was not observed on file for the children under age 5.	Physical exams for children under 5 have been requested from the families. Added to their child file.	10/20/23		
!	251.05(2)(a)4.a. Staff Record - Registry Certificate Description: A certificate from the Wisconsin Registry documenting that the person has met the educational qualifications for the position was not observed on file for Staff B. Repeat violation: Previously cited on 8/4/2022	Reviewed the next steps with the staff person for completion on their application to registry.	10/16/23		

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number			
Ymca Dousman Y Care 8000558698 / 030 - 2004145					
	Iress - Facility (Street, City, State, Zip Code) E Ottawa Ave Dousman WI 531189703	Telephone Number 262-468-0477	Date - Regulation Visit 10/4/2023		
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3	251.05(2)(a)7. Staff Record - Continuing Education Description: Documentation of continuing education was not observed on file for Staff A and Staff B.	Kept at admin affice. Completed current continued education records are available for review. Failed to present during the review of staff files.	10/6/2023		
4	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Current child abuse and neglect (mandated reporter training) was not observed on file for Staff B. The last training expired June, 2023.	Staff B has since complete the renewal training. Certificate on file for review			
5	251.06(3)(b)1. Emergencies - Routes And Shelter Areas Posted Description: The fire evacuation route and tornado shelter areas were not posted.	Map requested from the school and posted in the program space.	10/16/23		
6	251.06(9)(d)1.c. Food Storage - Cold Storage Thermometers Description: The freezer portion of the refrigerator was not equipped with a thermometer.	Added a thermometer to the freezer. Working properly.	10/6/2023		

Name - Certified Operator / Licensed Center Provider Number / Facility ID Number			mber	
Ymca Dousman Y Care	8000558698 / 030 - 2004145			
Address - Facility (Street, City, State, Zip Code) 341 E Ottawa Ave Dousman Wt 531189703	Telephone Number 262-468-0477	Date - Regulation Visit 10/4/2023		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
NAME - Agency Worker		Date Issued		
Crescenta Sabree, Tameka Thompson		10/6/2023		

10/6/2023

SIGNATURE - Dertified Operator of	or Designee \ Licensee for Designee	
-///////////		1
THE WALL	1 X DAMINU	L
		1
DCF-F-CFS0294-E (R.06/2011)		Г
DOI -1 -DI DOZDA-E (11.00/2011)	1 < /	1

Date Signed