

Date Correction Plan Due 4/2/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 **Provider Number / Facility ID Number**

Ymca Johnson Creek

8000558698 / 023 - 2000920

Address - Facility (Street, City, State, Zip Code)
455 Aztalan St Johnson Creek WI 53038

Telephone Number
262-370-7286

Date - Regulation Visit
3/18/2024

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 251.04(3)(h) Report - Change In Room Usage</p> <p>Description: The center did not report or receive approval prior to changing the area where children primarily use for care.</p>	<p><i>we will report future changes to working days before implement to our licenser</i></p>	<p><i>3/21/24</i></p>	
<p>2 251.06(3)(b)1. Emergencies - Routes And Shelter Areas Posted</p> <p>Description: The fire evacuation route and tornado shelter areas were not posted.</p>	<p><i>Communicate with lead team and school staff to have evacuation signage posted in space.</i></p>	<p><i>4/12/24</i></p>	

NAME - Agency Worker
Michelle Garcia

Date Issued
3/19/2024

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Michelle Garcia

Date Signed

4/2/2024