

Date Correction Plan Due 1/15/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Summit Y Care		Provider Number / Facility ID Number 8000558698 / 011 - 1007123		
Address - Facility (Street, City, State, Zip Code) 1680 Valley Rd Oconomowoc WI 53066		Telephone Number 262-370-6829	Date - Regulation Visit 11/19/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. Child Record - Health History Description: The health history was incomplete for CHild #3 regarding how to care for a child's allergy.	Parents have been informed & provided a deadline for appropriate documentation.	1/8/25	
2	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: An initial health exam was not on file for Child #2. Repeat violation: Previously cited on 11/29/2023	Parents have been informed & provided a deadline for appropriate documentation.	1/8/25	

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3	251.05(2)(a)3.a. Staff Record - Physical Examination Description: A physical examination that indicates a provider is free from illness and physically able to work with children was not on file for staff A and Staff B. Repeat violation: Previously cited on 11/29/2023	Staff B has been made aware & is given to the noted completion date.	1/10/25	
4	251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: Documentation of an orientation was not on file for Staff B.	Staff B has been made aware & will have correct form completed by noted date.	1/10/25	

NAME - Agency Worker
Crescenta Sabree

Date Issued
12/31/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Kimberly J. Shawley

1/9/2025