Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
1/15/2025		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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Ymca Meadow View Y Care		8000558698 / 008 - 1002815	
Address - Facility (Street, City, State, Zip Code) 1500 Whalen Dr Oconomowoc WI 53066	**Telephone Number** 262-567-9622	**Date - Regulation Visit** 11/15/2024	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(b) **Current, Accurate Daily Attendance Record** Description: The attendance was not accurate as 28 children were present, yet 29 children were listed on the attendance sheet.	re-trained Staff on Attendance & Record Keeping	1/8/25	
2	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Abusive head trauma training was not on file for Staff C.	Staff C has since completed this training & its on file for review	1/3/25	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.055(1)(f) **Child Tracking Procedure** Description: The tracking procedure was inaccurate and listed 29 children present when there were 28.	re-trained Staff on Attendance & Record keeping.	1/8/25	

NAME - Agency Worker
Crescenta Sabree

Date Issued
12/31/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kimberley A Sheeres

Date Signed
1/9/2025