

Date Correction Plan Due 8/15/2025	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 Ymca Schurz		Provider Number / Facility ID Number 8000558698 / 029 - 2004144		
Address - Facility (Street, City, State, Zip Code) 1508 Neenah St Watertown WI 530946916		Telephone Number 262-354-5614	Date - Regulation Visit 7/2/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(h) Report - Change In Room Usage Description: Changes in room usage were not reported to the department at least 20 days prior to using the change when the center was using a room to provide care without prior approval from the department.	New room was ^{diagram} provided to and approved by licensing immediately. Any future changes will be reported 20 days prior to changes being made.	Already Completed July 15, 2025	
2	251.05(4)(a) Staff Orientation - Develop, Implement, Document Description: The center did not develop and implement a written orientation when several staff have not worked at the location for more than 6 months and did not receive an orientation specific to the center.	• All staff were given a new orientation to the site at the next staff meeting July 7, 2025. • During training prior to the school year and prior to summer program all staff will receive a new orientation specific to the site(s) they will be working at	Already Completed July 7, 2025	

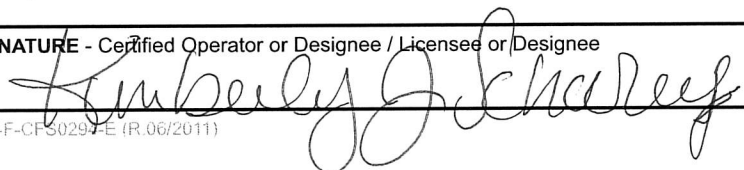
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3	251.05(4)(a)3. Staff Orientation - Emergency Plans Description: A review of the center emergency plans was not practiced when staff reported they weren't aware of the emergency routes or shelters.	Emergency routes + shelter maps were placed in each room and drills were practiced for staff at the July 7 staff meeting.	Already Completed July 7, 2025	
4	251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: Monthly fire evacuation and tornado drills have not been practiced as required when staff reported not knowing if the drills and plans were practiced in June and when the written log reflects the drills were practiced in June of 2024 and not in July and August of 2024.	Monthly drills will be completed and documented for each month moving forward. July and August drills have been done and documented	Completed drills on and will continue monthly	
5	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: A written authorizations that includes the child's name and birthdate, name of medication, administration instructions, medication intervals and length of the authorized use of medication did not have a medical authorization form for a medication that was being stored in the school age classroom.	Medication procedures were reviewed with all staff at the July 7, 2025 staff meeting and all meds on site were evaluated to make sure a med auth was present and completely filled out for all medications in our possession.	Completed training on July 7, 2025 and will continue moving forward	

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6	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: Medication was not in the original container and labeled with a child's name and the container, as required. Additionally the container and label did not have the original dosage and directions for administration.	Medication procedures were reviewed w/ all staff at the July 7, 2025 staff meeting and all meds on site or being dropped off were/are checked to make sure container is properly labeled and matches the medication authorization.	Completed training on July 7, 2025 and will continue the proper process moving forward	
7	251.094(4)(c) School-Age Program Leader - Training Description: Prior to assuming the position a person hired did not complete or obtain the entry level training requirements when Staff B has not completed the required training. Additionally, Staff C and Staff D did not complete the required training for School Age Program Leader.	All staff have completed necessary trainings and documentation has been submitted to the registry to insure p required trainings have been met	Already completed 7/15/2025	
8	251.094(5)(a) School-Age Group Leader - Supervision Description: A School Age Group Leader was not working under the supervision of a School Age Program Leader when Staff D, has the entry level qualifications for a School Age Group Leader and was supervising another School Age Group Leader.	All staff certifications have been reviewed and staff placements have been changed to insure all group leaders are working alongside a School age program leader.	Already Completed 7/15/2025	

NAME - Agency Worker
Kimberly Liebhart

Date Issued
8/1/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

8/13/25