

Date Correction Plan Due 11/27/2025	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.

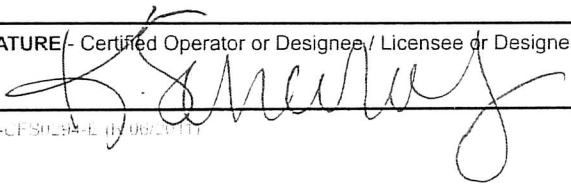
Name - Certified Operator / Licensed Center Ymca Lake Country Y Care		Provider Number / Facility ID Number 8000558698 / 019 - 1015560		
Address - Facility (Street, City, State, Zip Code) 1800 Vettelson Rd Hartland WI 530298890		Telephone Number 262-567-9622	Date - Regulation Visit 11/12/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(6)(a)1. Child Record - Enrollment Information</p> <p>Description: All child files reviewed did not list an emergency contact person to be notified when a parent cannot be reached. Child 4 did not have an authorized pick up person, other than the parent, listed.</p>	<p>All Guardians have been contacted and made aware of the needed information.</p>	1-9-26	
2	<p>251.04(6)(a)6. Child Record - Health History</p> <p>Description: Child 4, identified as having a medical condition, did not have additional information required, such as triggers, signs to watch for, steps a child care worker should follow, when to call a parent, when the condition requires emergency medical care, staff identified who have received specialized training, and instructions to help symptoms.</p>	<p>The Guardian for Child 4 has been contacted for the required additional information.</p>	1-9-26	

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NAME - Agency Worker
Cindy Matuszak

Date Issued
11/13/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

11/25/25