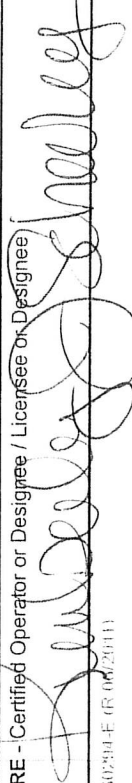


NONCOMPLIANCE STATEMENT AND CORRECTION PLAN		TO FILE A COMPLAINT CALL 262-446-7800
<p>Date Correction Plan Due 11/17/2025</p>		
<p>Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, 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.</p> <p>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.</p>		
<p>Name - Certified Operator / Licensed Center Ymca Richmond Y Care</p>		
<p>Address - Facility (Street, City, State, Zip Code) N56w26530 Richmond Rd Sussex WI 530894235</p>		
<p>Telephone Number 262-370-7829</p>		
<p>Provider Number / Facility ID Number 8000558698 / 016 - 1009671</p>		
<p>Date - Regulation Visit 10/29/2025</p>		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
<p>1 251.04(6)(a)1. Child Record - Enrollment Information Description: Enrollment information regarding parental information, authorized pick-up (other than the parent), and/or emergency contact (other than the parent) information was observed incomplete, or missing for Child #1 and Child #3.</p>	<p>Guardians for child 1 & 3 have been contacted and made aware of needed information</p>	<p>12-12-25</p>
<p>2 251.05(2)(a)8. Staff Record - Orientation Description: Documentation of an orientation was not on file for Staff A.</p>	<p>Staff A has completed orientation and document has been added to file</p>	<p>11-14-25</p>

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Ymca Richmond Y Care		8000558698 / 016 - 1009671		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
N56w26530 Richmond Rd Sussex WI 530894235		262-370-7829	10/29/2025	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	
Verification Date				
3	<p>251.06(9)(a)5. Kitchen - Single-Service Utensils Description: An open bag of single service cups were observed not covered on top of the snack cabinet.</p>	Cups have been placed in a clear bin with lid	11-4-25	
4	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Medication authorization reviewed did not contain dates for the length of the authorization.</p>	Paperwork has been reviewed and updated by parent	11-7-25	

NAME - Agency Worker
 Crescenta Sabree, Tiisha Harrell
 Date Issued
 11/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

 Date Signed
 11/11/2025

DCI-F-CFS0201-E (R 06/2011)