

<b>Date Correction Plan Due</b> 12/15/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

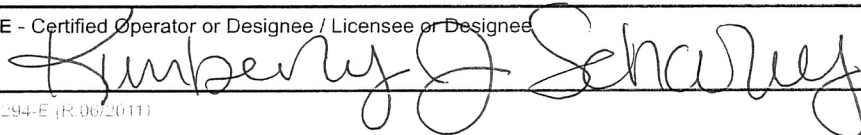
<b>Name - Certified Operator / Licensed Center</b> Ymca Greenland Y Care		<b>Provider Number / Facility ID Number</b> 8000558698 / 002 - 220753		
<b>Address - Facility (Street, City, State, Zip Code)</b> 440 Coolidge St Oconomowoc WI 530662808		<b>Telephone Number</b> 262-567-9622	<b>Date - Regulation Visit</b> 11/19/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	<p>251.04(6)(a)1. <b>Child Record - Enrollment Information</b></p> <p>Description: Enrollment information was incomplete for children 1 and 4, when the listed authorized pick up people were parents. The emergency contact person for child 4 was a parent.</p>	<p>Guardians for child 1 and 4 were both contacted and made aware of the needed changes.</p>	1-30-26	
2	<p>251.04(6)(a)6. <b>Child Record - Health History</b></p> <p>Description: Child 1, identified as having an allergy, did not have required health history information completed, including triggers, signs or symptoms, steps a child care worker should follow, when to call a parent, when the condition requires emergency medical care, and instructions to help treat symptoms.</p> <p>Repeat violation: Previously cited on 12/11/2024</p>	<p>Guardian was contacted to complete necessary paperwork.</p>	1-30-26	

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3	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Staff A did not have documentation of having completed abusive head trauma prevention training prior to working with children under the age of five.  Repeat violation: Previously cited on 12/11/2024	Training was completed and added to staff file.	11-20-25

**NAME - Agency Worker**  
Cindy Matuszak

**Date Issued**  
11/26/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**



**Date Signed**

12/15/2025