

<b>Date Correction Plan Due</b> 2/23/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 715-361-7700
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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.

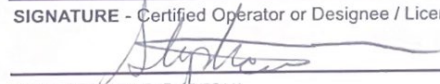
<b>Name - Certified Operator / Licensed Center</b> Ymca Child Care Center		<b>Provider Number / Facility ID Number</b> 1000559711 / 002 - 1002537	
<b>Address - Facility (Street, City, State, Zip Code)</b> 1000 Division St Stevens Point WI 544812724		<b>Telephone Number</b> 715-952-9339	<b>Date - Regulation Visit</b> 1/19/2024
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>
1	<p>251.05(2)(a)6. <b>Staff Record - Days &amp; Hours Worked</b></p> <p>Description: In Room 5 one staff did not sign out on 01/18/24 and one staff did not sign out on 01/17/24.</p> <p>In Room 1 one staff did not sign in and one staff did not sign out on 01/19/24. One staff did not sign out on 01/18/24.</p> <p>In Room 7 one staff did not sign out on 01/19/24 and one staff did not sign out on 01/15/24.</p> <p>In Room 2 one staff did not sign out on 01/18/24.</p>	<p>Staff will Sign in and out in every room upon entering and leaving.</p> <p>We discussed the importance of signing in &amp; out at out staff meeting on 2/1/24</p>	<p>2-1-2024</p> <p>2-1-2024</p> <p>2-1-2024</p> <p>2-1-2024</p>

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date Verification Date
2	251.06(9)(c)4. <b>Canned Food</b>  Description: Several dented cans of food were observed in the kitchen.	cans that have damage or have dents will be discarded	1-19-2024
3	251.06(9)(d)1.c. <b>Food Storage - Cold Storage Thermometers</b>  Description: The freezer in Room 1 did not contain a thermometer.	A new thermometer was replaced the day of the visit	1-22-2024
4	251.06(9)(d)2.a. <b>Food Storage - Dry Food</b>  Description: A dry food item was not stored in a bag with zip-type closure or in metal, glass, or food grade plastic containers with tight-fitting covers.	Food will be stored in bags effective immediately	1-22-2024
5	251.09(4)(a)3. <b>Infant &amp; Toddler - Diaper Changing Surface Disinfection</b>  Description: Per interview and observation, staff are not using the disinfectant per the manufacturer's instructions on the label.	We are working with Heather and Rob on a product	2-19-2024

NAME - Agency Worker  
Heather Struck

Date Issued  
2/9/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

2-19-2024