

Date Correction Plan Due 12/5/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 920-785-7811
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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> Ywca Child Care		<b>Provider Number / Facility ID Number</b> 7000560217 / 002 - 420161		
<b>Address - Facility (Street, City, State, Zip Code)</b> 230 S Madison St Green Bay WI 54301		<b>Telephone Number</b> 920-432-5581	<b>Date - Regulation Visit</b> 11/19/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: Child #3 and #5 on the child record checklist do not have a copy of their immunization records located in their files.	Immunizations records will be requested from families and placed in children's files.	12/6/24	
2	251.04(6)(a)8.a. <b>Child Record - Physical Exam - Under 2</b>  Description: Child #2 on the child record checklist does not have a follow up health examination on file within 6 months of the previous report . The last health examination on file was completed on 1/31/2024	Physical exam will be requested from family and placed in child's file.	12/6/24	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5  Description: Child #5 on the child record checklist does not have documentation of having a health examination on file.	Physical exam will be requested from family and placed in child's file.	12/6/24
			Verification Date

NAME - Agency Worker  
Clint Smith

Date Issued  
11/21/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee  
*Holly K. Herman*

Date Signed  
11/21/24