

<b>Date Correction Plan Due</b> 11/7/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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> Falls Ymca Child Care At Sfes		<b>Provider Number / Facility ID Number</b> 8000557178 / 009 - 2002412		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1 Alfred Miley Ave Sheboygan FIs WI 530851200		<b>Telephone Number</b> 920-550-5858	<b>Date - Regulation Visit</b> 10/23/2024	
	<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)1. <b>Child Record - Enrollment Information</b>  Description: Based upon record review, a child enrolled in care did not have documentation of authorized pick up persons and emergency contact information within the child file.	Child files are under review, proper documentation will be obtained and added to child's file	10/30/24	
2	251.04(6)(a)2. <b>Child Record - Emergency Medical Consent</b>  Description: Based upon record review, a child enrolled in care did not have consent for medical treatment documentation within the child's file.	Child files are under review, proper documentation will be obtained and added to child's file	10/30/24	

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3	251.04(6)(a)6. <b>Child Record - Health History</b>  Description: Based upon record review, a child enrolled in care did not have a health history form within their file.	Child files are under review, proper documentation will be obtained and added to child's file	10/30/24	
4	251.04(6)(a)6m. <b>Child Record - Immunization History</b>  Description: Based upon record review, three children enrolled in care did not have documentation of their immunizations within their file.	Child files are under review, proper documentation will be obtained and added to child's file	10/30/24	
5	251.04(6)(a)8.b. <b>Child Record - Physical Exam - Over 2, Under 5</b>  Description: Based upon record review, a child in care did not have a Child Health Report within their file.	Child files are under review, proper documentation will be obtained and added to child's file	10/30/24	
6	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b>  Description: Based upon record review, a staff member did not have documentation of completion of the Abusive Head Trauma prevention training prior to providing care and supervision to children.  Repeat violation: Previously cited on 11/21/2023	Staff members will complete renewal of AHT training, and have documentation of completion in staff file	10/30/24	

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7	<p>251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b></p> <p>Description: Based upon record review, a two staff members did not have documentation of current Child Abuse and Neglect Biennial training on file.</p> <p>Repeat violation: Previously cited on 11/21/2023</p>	Staff members will complete renewal of CAN training, and have documentation of completion in staff file	10/30/24	
8	<p>251.06(3)(b)4. <b>Emergencies - Record Of Fire / Tornado Drills</b></p> <p>Description: Based upon observation the center did not conduct a tornado drill in the month of September.</p>	Center will conduct and document monthly drills for tornado & fire drill procedures	10/31/24	
9	<p>251.07(5)(a)4. <b>Meals &amp; Snacks - Minimum Meal Requirements</b></p> <p>Description: Based upon observation, the program served veggie straws not containing enriched flour therefore not a creditable component for snack.</p>	Staff will review snack requirements, and provide 2 components with snack each day	10/24/24	
10	<p>251.07(5)(b)5. <b>Eating Surfaces - Cleaned, Sanitized</b></p> <p>Description: Based upon observation, the tables were not cleaned prior to serving snack.</p>	Tables will be cleaned and sanitized before and after each use. Policies will be reviewed with staff	10/24/24	

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11	251.07(6)(i)1. <b>Washing Child's Hands &amp; Face</b>  Description: Based upon observation, children in care did not wash their hands prior to snack being served.	Children will be required to wash hands before and after meals & snacks. Review of center policies will be addressed with staff & children	10/24/24	
12	251.07(6)(i)2. <b>Adult Handwashing</b>  Description: Based upon observation, a staff member was observed serving snack with gloves and once the staff member removed the gloves, they failed to wash their hands with soap and water.	Review of center policies regarding handwashing will be addressed with all staff, proper handwashing and use of gloves will be maintained at all times	10/24/24	

**NAME** - Agency Worker  
Amanda Holz

Date Issued  
10/24/2024

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee  
Kelly L Thill

Date Signed  
10/24/24