

Date Correction Plan Due 6/10/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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.

Name - Certified Operator / Licensed Center Youth Development Center		Provider Number / Facility ID Number 8000557178 / 001 - 420695		
Address - Facility (Street, City, State, Zip Code) 812 Broughton Sheboygan WI 530814115		Telephone Number 920-451-8000	Date - Regulation Visit 5/21/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(10)(dm)1. Washrooms - Sanitary Conditions Description: Based upon observation the boys bathroom in the green room had feces on the toilet basin.	CLEANED IMMEDIATELY, STAFF TEAM WILL DOUBLE CHECK MORE FREQUENTLY,	21 MAY 2025	
2	251.06(9)(d)2.a. Food Storage - Dry Food Description: Based upon observation the Cheezits in the Yellow rm cupboard were open and not placed into a food grade container Repeat violation: Previously cited on 10/27/2023	DISPOSED OF FOOD IMMEDIATELY, STAFF TEAM WILL CONFIRM WITH A SECOND PERSON WHEN STORING FOOD	21 MAY 2025	

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3	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Based upon review, a child's medication on premise did not have a current authorization . Based upon review, a child's medication on premise did not have an authorization end date.	FAMILY REMOVED MED, NO LONGER NEEDED. FAMILY UPDATED PAPERWORK.	28 MAY 2025 28 MAY 2025

NAME - Agency Worker
Amanda Holz

Date Issued
5/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

28 MAY 2025