

Division of Early Care and Education

Date Correction Plan Due 5/9/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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		Provider Number / Facility ID Number		
Ywca Discovery Center		0000 55770 / 002 - 1003766		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1735 S Washington St Janesville WI 53546		608-752-5445	4/16/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Child 2 did not have immunization records on file.	to receive immunization records by 4/19 * Child no longer attends program as of 4/24/24	4/19/24	
2	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Child 2 did not have a current physical examination on file.	to receive physical exam by 4/19 * child no longer attends program 4/24/24	4/19/24	

NAME - Agency Worker

Rebecca Brickson

Date Issued

4/25/2024

Angie Thompson

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed