

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
10/1/2025

TO FILE A COMPLAINT CALL
608-422-6765

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 Washington Child Care Program		0000555770 / 012 - 120324	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
811 N Pine St Janesville WI 535482855		608-743-7247	3/11/2025
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.06(3)(b)2. Emergencies - Practice Written Plans Description: The program did not have a written record of monthly fire drills practiced for February 2025.	Will make sure staff document when all drills are completed	9.19.25	
2 251.094(4)(c) School-Age Program Leader - Training Description: Staff A did not have documentation on file of completed entry level coursework required for the position they were working in.	We now have proper documentation on file- please see attachments	9.19.25	

NAME - Agency Worker
Jenny Sweeney

NAME - Certified Operator or Designee / Licensee or Designee
Aegle Thompson

Date Issued
9/17/2025

Date Signed
9.19.25