

Date Correction Plan Due 6/10/2026	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 Monroe Child Care Program		0000555770 / 013 - 1002940	
Address - Facility (Street, City, State, Zip Code) 55 S Pontiac Janesville WI 53545		Telephone Number 608-743-6947	Date - Regulation Visit 5/19/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff B did not have a physical examination report on file and has been working longer than 30 days.	Staff B will maintain an exam. Her last day is 6/10/26.	asap
2	251.05(2)(a)6. Staff Record - Days & Hours Worked Description: The center did not maintain accurate documentation of staff days and hours worked when staff were not signed in or out of the classroom when included in staff-to-child ratios.	Staff will sign in/out daily.	5/28/26

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3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B did not complete CPR training that included infants and children.	Staff B - has completed correct training - AHA sent incorrect cards - we are waiting for new cards	6.5.26	
4	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff B did not have child abuse and neglect training on file.	Staff B - will complete training.	ASAP	
5	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Written parent authorization for a stored prescription medication did not include the length of the authorization.	Staff has had parent complete end date.	5.28.26	

NAME - Agency Worker
Rebecca Brickson

Date Issued
5/27/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Angie Thompson

5.28.26