

Date Correction Plan Due 1/21/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Hastings Ymca-Malone Elementary		Provider Number / Facility ID Number 5000557245 / 023 - 2004098		
Address - Facility (Street, City, State, Zip Code) 505 Campbell St N Prescott WI 540211073		Telephone Number 612-806-3716	Date - Regulation Visit 11/21/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization</p> <p>Description: An authorization to administer medication form for a child's Benadryl and Epi-pen was missing the length of the authorization. In addition, written authorization from the child's physician or an allergy action plan, signed by a physician, is needed to keep Benadryl at the center longer than specified by the manufacturer.</p>	<p>Medical Authorization form was updated by parent to reflect child's action plan.</p> <p>Action plan was given to site by parents.</p>	<p>11-22-24</p> <p>11-22-24</p>	

NAME - Agency Worker
April Callihan

Date Issued
1/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

1-13-25