

Date Correction Plan Due 7/21/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
--	--	---

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 612-465-0503	Date - Regulation Visit 7/3/2025	
	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: The parent authorization form for prescription medication must include start and end dates for the length of the authorization that do not exceed the time specified on the label of the medication. One child's written authorization for medication that was on the premises was missing start and end dates for the length of the authorization.</p> <p>Repeat violation: Previously cited on 11/21/2024</p>	<p>Requested parents to fill in specific date information for medication that was prescribed.</p> <p>During training we will use examples and non-examples to show how specific paperwork should be completed to be in compliance.</p>	<p>7/7/25</p> <p>8/15/25 (Next round of training)</p>	

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 612-465-0503	Date - Regulation Visit 7/3/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	251.094(6)(c) School-Age Program Aide - Training Description: Staff A was missing documentation of having satisfactorily completed one non-credit Department-approved course in early childhood education within 6 months after assuming their positions. Staff A's file did not contain any record of their educational qualifications to document that they are qualified for the positions that they hold.	Enrolling current staff into courses that satisfy requirements for roles. We will be updating the job description to specify the specific requirements needed to perform the job role.	9/30/25 7/18/25	

NAME - Agency Worker
Wendy Badzinski, Amelia Gruber

Date Issued
7/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed