

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

Date Correction Plan Due
5/20/2024

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		
Stateline Fam Ymca Growing Tree		3000555563 / 003 - 120329		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
501 3Rd St Beloit WI 535116211		608-365-2261	4/24/2024	
Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.04(2)(L)1.b. Department Notices Posted	Description: The program did not have the Imposed Plan of Correction posted at the time of the site visit as required. Repeat violation: Previously cited on 1/17/2024	Posted with all licensing information	5/15/24	
2 251.05(3)(g)2. Assistant Child Care Teacher - Qualifications	Description: Staff L did not have documentation on file of the educational qualifications required for their role as assistant teacher, due within 6 months of assuming the position. Repeat violation: Previously cited on 1/17/2024, 7/20/2023	Staff L is currently enrolled in a class to meet qualification. Staff L does not work alone.	01/30/24	

Name - Certified Operator / Licensed Center Stalene Fam Ymca Growing Tree		Provider Number / Facility ID Number 3000555563 / 003 - 120329	
Address - Facility (Street, City, State, Zip Code) 501 3Rd St Beloit WI 535116211		Date - Regulation Visit 4/24/2024	
Telephone Number 608-365-2261		Expected Completion Date	
Correction Plan		Verification Date	
Rule/Statute Number Noncompliance Statement			

NAME - Agency Worker
 Jenny Sweeney

Date Issued
 5/6/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Brandie Bisnop

Date Signed

5/15/2024