

Date Correction Plan Due 5/14/2025	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 Ymca Stoner Prairie		Provider Number / Facility ID Number 6000559066 / 023 - 120342		
Address - Facility (Street, City, State, Zip Code) 5830 Devoro Rd Fitchburg WI 537115015		Telephone Number 608-906-8818	Date - Regulation Visit 4/23/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(g)2. Assistant Child Care Teacher - Qualifications Description: Staff B did not have documentation on file of completed coursework required for an assistant child care teacher within six months of assuming the position.	Staff B will complete Intro to School Age Teacher by June 1st. *He completed May 1, 2025	6/1/25	
2	251.06(3)(b)4. Emergencies - Record Of Fire / Tornado Drills Description: The program did not keep a written record of dates and times all fire and tornado drills were practiced.	Fire Drill form will be posted on bulletin board next to site license.	5/1/25	


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3	251.06(9)(d)2.a. Food Storage - Dry Food Description: Dry foods were not stored in containers with zip-type closures or tight fitting covers when bags of crackers were found opened in the cabinet and were rolled closed without dates.	Containers will be purchased for site. Food labels will be purchased for site. Class - room will put all open bags of food in containers and date w/label	5/5/25
4	251.07(6)(dm)1. Medical Log Book Description: The medical log book was not well maintained when all pages were not numbered, lines were skipped and the director or director's designee did not review injuries with the staff every six months.	Book will be properly numbered and director will review. Director will retrain staff on how to properly do med log entries.	5/9/25
5	251.07(6)(f)6. Current Authorizations For Medications On Premises Description: Medication was kept at the center intended for a child that was no longer in care.	Medication that was for child no longer enrolled was discarded.	5/2/25

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
4/30/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



5/1/2025