

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

Date Correction Plan Due
10/8/2025

TO FILE A COMPLAINT CALL
608-422-6765

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 Olson		Provider Number / Facility ID Number 6000559066 / 072 - 1013580	
Address - Facility (Street, City, State, Zip Code) 801 Redan Dr Verona WI 53593		Telephone Number 608-444-4437	Date - Regulation Visit 9/16/2025
Rule/Statute Number 251.05(2)(a)3.a.	Noncompliance Statement Staff Record - Physical Examination Description: Staff C did not have documentation on file of having completed a physical examination within 30 days of hire.	Correction Plan Adding a health report form to Y's hiring SOP's; required prior to starting	Expected Completion Date 9/18/25
			Verification Date 9/23/2025

NAME - Agency Worker
Sara Bossingham O'Brien

Date Issued
9/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

9/23/2025