

Date Correction Plan Due 5/12/2026	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 4/22/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff B did not have documentation of having completed CPR training.	Provide Staff B completed the online portion of class in spring of 2025. Will print document to show that portion is complete. <i>she also took an additional online CPR course</i>	5/1/2026	
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The Director or the director's designee did not review records of injuries with staff every 6 months when the most recent review of the medical log was done in May 2025.	Medical Log book will be added to task in June/Dec. that needs to be reviewed. Additionally, Asst. will review monthly w/ staff.	5/1/2026	

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
4/28/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
4/30/2026