

Date Correction Plan Due 4/3/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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 Fox West Ymca Mbn Ee Center		Provider Number / Facility ID Number 5000560455 / 030 - 1006323		
Address - Facility (Street, City, State, Zip Code) W6931 School Rd Greenville WI 54942		Telephone Number 920-560-3418	Date - Regulation Visit 3/3/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: Of 5 Children's Records reviewed 1 was missing documentation of an updated exam.	Exam was completed * Ensure enrollment checklist is reviewed weekly.	Form Returned by parent 4/22/25	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Of 4 Staff Records reviewed 3 were missing documentation of exams. Repeat violation: Previously cited on 11/8/2023	Waiting on completed forms to be returned 1 staff no longer employed * All staff schedule appointments on first day during orientation	To be completed by 5/5/25	

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3	251.05(2)(a)8. Staff Record - Orientation Description: Of 4 Staff Records reviewed 1 was missing documentation of orientation.	Form was mis-placed completed new with staff	4/22/25	
4	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Of 4 Staff Records reviewed 1 was missing documentation of current CPR certification. Repeat violation: Previously cited on 10/2/2024	CPR completed * All staff who need CPR in 2025 are registered for class - New staff registered on first day of work.	4/12/25	
5	251.09(3)(a)2. Infant & Toddler - Food & Formula Brought From Home Description: One infant's bottles containing breast milk failed to be labeled with the child's name and dated.	Reminders given to label w/ name & date. Tape kept in room as reminder.	3/24/25	

NAME - Agency Worker
Ruth Sprangers

Date Issued
3/20/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Benned Hafnbrood

Date Signed

4-14-25