

Date Correction Plan Due 4/21/2026	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
--	--	---

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 4/7/2026	
	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: One child, #1, did not have a current (once every 6 months) physical in her file - see checklist. Repeat violation: Previously cited on 3/3/2025	Reminders were sent out in March and will be sent out the week of April 20 th with deadline to return for by April 30.	4/30/26	
2	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: One staff member, #C, did not have a current child abuse and neglect training in her file. Hers expired in February 2026.	Will be completed by 4/14/26 and all staff files reviewed for updated trainings needed.	4/14/26	

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 4/7/2026
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.06(9)(d)2.b. Food Storage - Distance Above Floor Description: There was a box of pears and a box of mandarin oranges on the floor in the kitchen.	Food will be put on shelves after delivery arrives.	Completed 4/10/26
4	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: The discovery room medical logbook was not reviewed once every 6 months - it was last reviewed on 10/2/25.	medical log reviewed and dated on 4/13/26	completed 4/13/26
5	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: The movers had one intake that was not updated once every 3 months, The discovery room had three intakes that were not updated once every 3 months.	Intakes sent home to be updated 4/14/26 must be returned by 4/24/26	

NAME - Agency Worker

Jill Kellner

Bernice J. Hafnbrock

Date Issued

4/7/2026

4-13-26

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed