Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
9/17/2026		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	Provider Number / Facility ID Number
Fox West Ymca Mbn Ee Center	5000560455 / 030 - 1006323

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
W6931 School Rd Greenville WI 54942	920-560-3418	9/2/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a)3.a. **Staff Record - Physical Examination** Description: One staff member #A did not have her physical in her file after 30 days of employment - see checklist. Repeat violation: Previously cited on 3/3/2025	Appointment ~~[illegible]~~ scheduled for 9/14/26.	Report to be returned by 9/21/26	
2	251.05(2)(a)4.d. **Staff Record - Educational Qualifications** Description: one staff member #D was working as a teacher and did not have her teaching credentials and had only assistant teacher credentials - see checklist.	2nd teacher to be hired by 9/14/26-start date. Until then 2 teachers will be in the room.	2nd teacher in room full time 9/2/26.	

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Fox West Ymca Mbn Ee Center			5000560455 / 030 - 1006323	
Address - Facility (Street, City, State, Zip Code) W6931 School Rd Greenville WI 54942		**Telephone Number** 920-560-3418	**Date - Regulation Visit** 9/2/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: One staff member #C, did not have abusive head trauma training in her file prior to working with children - see checklist.	Training Completed 9/9/2026	9/9/2026	
4	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: One child did not have an authorization for her medication in the Engineer room.	New forms sent home to be returned by 9/10/26.	9/11/26	
5	251.07(6)(f)5. **Medication Administration - As Labeled & Authorized** Description: There were 3 medications in the engineer room that were expired: Acetaminophen expired in August 2026, ondansetron expired in April 2026, and ibuprophen expired in July of 2026.	New forms Sent home to be Completed by 9/10/26	9/11/26	

NAME - Agency Worker
Jill Kellner, Jessica Farah

Date Issued
9/3/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Bennee L Hafinbreadl

Date Signed
9-9-26