

Date Correction Plan Due 2/21/2025	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 Y-Care West		Provider Number / Facility ID Number 9000555769 / 005 - 2005163		
Address - Facility (Street, City, State, Zip Code) 825 W Madison Ave Milton WI 535631035		Telephone Number 608-868-9622	Date - Regulation Visit 2/3/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)1. Child Record - Enrollment Information Description: Child 2 did not have documentation of completed enrollment information on file.	<i>All child files were renewed and corrected immediately.</i>	2/14/25	
2	251.04(6)(a)2. Child Record - Emergency Medical Consent Description: Child 2 did not have documentation on file of written consent from the parent for emergency medical care. Repeat violation: Previously cited on 11/21/2024	<i>All child files were renewed and corrected immediately.</i>	2/14/25	

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825 W Madison Ave Milton WI 535631035		608-868-9622	2/3/2025	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3 251.05(2)(a)3.a. Staff Record - Physical Examination Description: Staff B did not have documentation on file of having a physical examination within 30 days after hire.	Staff files were reviewed and physical was put into file immediately.	2/14/25		
4 251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff B did not have documentation on file of having completed Child Abuse and Neglect training within one week after beginning work at the program.	Staff files were reviewed and training was completed.	2/14/25		
5 251.06(9)(d)2.a. Food Storage - Dry Food Description: Dry foods were not stored in bags with zip-type closures or metal, glass or food grade plastic containers when bags of crackers and pretzels were found in a cabinet with packaging folded over and not secured with an appropriate closure.	All food will be secured with ziplock bags.	2/14/25		
6 251.07(1)(a) Written Program Of Activities Description: The program did not have a written program of daily activities posted or available to review.	Lesson plans will be posted daily using new template.	2/14/25		

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Noncompliance Statement			

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
2/7/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Anne Watson

Date Signed

2/10/25

