

Date Correction Plan Due 12/19/2025	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 Ymca Before Care Chegwin		Provider Number / Facility ID Number 4000558514 / 009 - 2008608	
Address - Facility (Street, City, State, Zip Code) 109 E Merrill Ave Fond Du Lac WI 549353553		Telephone Number 920-921-3698	Date - Regulation Visit 12/1/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.04(6)(a)1. Child Record - Enrollment Information Description: The enrollment form was missing the information for the person authorized to call for or receive the child, for child # 1.	Child no longer attends.	12/10/25
2	251.04(6)(a)6m. Child Record - Immunization History Description: The center did not have the immunization information on file for child #1.	Child no longer attends.	12/10/25

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3	251.05(2)(a) Staff Record - Maintenance & Availability Description: Based on records review, the program did not have the staff record information available for staff member B.	PAPERWORK is at the Site.	12/10/25
4	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Based on records review, the program did not have a physical examination on file for staff member C.	Will be going to the doctor.	12/19/25

NAME - Agency Worker
Gloribel Tegen

Date Issued
12/5/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Nicole Wink

Date Signed

12/11/25