

STATISTICS CONCERNING

Date Correction Plan Due
9/7/2026

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 certification / licensing 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 certifier(s).
/ 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. 48.66.
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 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

Ymca Child Care Center

4000 58514 / 001 - 420237

Address - Facility (Street, City, State, Zip Code)
90 W Second St Fond Du Lac WI 54935

Telephone Number
920-921-3698

Date - Regulation Visit
8/20/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)2. Staff Record - Completed Background Check Description: Fingerprints not completed for the following individuals: Individual 002 Repeat violation: Previously cited on 8/20/2025	Fingerprints to be completed by 9/7/2026	Completed 8-26-26	

NAME - Agency Worker
Kimberly Pahlow-Anderson

SIGNATURE - Certified Operator or Designee / Licensee or Designee
DOF-F-CFS0294-E (R.06/2011)

DCF-F-CFS0294-E (R.06/2011)

Date Issued

8/24/2026

Date Signed _____

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