

Key. The information on the key is confidential and is meant for your reference only.

Please take a few minutes to complete the Department of Children and Families (DCF) customer satisfaction survey so that you can tell us about your experience. The responses we receive to the survey will be compiled and reviewed by DCF staff to help us improve our services to child care providers. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. DCF staff will not be able to tell whether or not you responded to the survey or know what responses you submitted. Please follow this link to provide your feedback : <https://www.surveymonkey.com/r/LicenseFeedback>. Or, if you don't have internet access, contact your licensing office and request a paper version of the survey and a prepaid reply envelope .

Contact me if you have any questions.

DEPARTMENT OF CHILDREN AND FAMILIES STATE OF WISCONSIN Division of Early Care and Education

NONCOMPLIANCE STATEMENT AND CORRECTION

Date Correction Plan Due TO FILE A COMPLAINT CALL 4/7/2026 715-930-1148

PLAN

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 School Age-Viking

Provider Number / Facility ID Number 7000556007 / 011 - 520202

Address - Facility (Street, City, State, Zip Code) 4Th Ave E Holmen WI 546369306	Telephone Number 608-519-5495	Date - Regulatory Visit 3/19/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
251.06(3)(b)2. Emergencies - Practice Written Plans Description: Per rule - Practice the fire evacuation plan monthly, and tornado drills monthly from April through October. When staff were asked if fire drills for January and February were completed they could not confirm that the drills were done. The drills were not recorded.	Staff had completed the drills and texted director but forgot to write dates on the posted sheet on the parent board. January drill was completed on Jan. 12 and February drill on Feb. 3rd. Dates were updated on posted sheet on March 19, 2026.	March 19, 2026

1

Verification Date

NAME - Agency Worker Kimberly Jasper
Date Issued 3/24/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee Date Signed DCF-F-CFS0294-E (R.06/2011) Page 2 of 2