

Date Correction Plan Due 8/27/2026	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 Ferguson Family Ymca		Provider Number / Facility ID Number 6000560216 / 018 - 420131		
Address - Facility (Street, City, State, Zip Code) 235 N Jefferson St Green Bay WI 543015126		Telephone Number 920-436-9675	Date - Regulation Visit 8/13/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(i) Deteriorating Paint Description: On 8/13/26, there were multiple areas in the room that had large spots with peeling paint.	Areas noted will be sanded and painted during our ymca closing week	9-4-26	
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: On 8/13/26, the medical log book was last reviewed 1/5/26 (every 6 months).	Medical log Book has been reviewed	8-12-26	

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3	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: On 8/13/26, there were 2 inhalers that did not have end dates listed on the authorization.	End date is listed on form	8-17-26	
4	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: On 8/13/26, there was expired cetirizine in the medication bin (exp june 2026).	parent took medication home. No longer in program.	8-21-26	

NAME - Agency Worker
Jessica Farah

Date Issued
8/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

8-21-26