

Date Correction Plan Due  
4/2/2026

**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**

TO FILE A COMPLAINT CALL  
608-422-6765

**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 Kennedy

Provider Number / Facility ID Number  
6000559066 / 012 - 120291

Address - Facility (Street, City, State, Zip Code)  
221 Meadowlark Dr Madison WI 53714

Telephone Number  
608-906-8656

Date - Regulation Visit  
3/5/2026

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)3.a. Staff Record - Physical Examination  Description: Staff A, who has worked at the center longer than 30 days, is missing a physical examination report.	Staff A has a physical examination scheduled	April 1 2026	

NAME - Agency Worker  
Amy Anderson

Date Issued  
3/19/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

3-19-26