Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
10/26/2026		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	Provider Number / Facility ID Number
Ymca Ada Deer	6000559066 / 007 - 120654

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
5106 Academy Dr Madison WI 53716	608-906-8651	10/12/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.06(2)(f) **Telephones & Emergency Phone Numbers** Description: During the licensing visit, the center did not have emergency telephone numbers posted, including the number for the poison control center.	The numbers will be moved from the staff binder to the family board	10-15-26	
2	251.06(3)(b)1. **Emergencies - Routes And Shelter Areas Posted** Description: The tornado shelter area was not posted during the licensing visit.	Tornado shelter area was added to the fire route map	10-15-26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Ymca Ada Deer		6000559066 / 007 - 120654	
Address - Facility (Street, City, State, Zip Code) 5106 Academy Dr Madison WI 53716		**Telephone Number** 608-906-8651	**Date - Regulation Visit** 10/12/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(6)(dm)1. **Medical Log Book** Description: During the licensing visit, the medical log book could not be located.	Med log book is in the backpack on site	10-15-26	
4	251.07(6)(f)1.a. **Medication Administration - Parent Authorization** Description: The written parental authorization for a child's medication kept at the center is missing the length of authorization, as required.	Form was resent to parent to add dates	10-15-26	

NAME - Agency Worker
Amy Anderson

Date Issued
10/12/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10-13-26