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 Windsor		6000559066 / 025 - 120557
Address - Facility (Street, City, State, Zip Code)	**Telephone Number**	**Date - Regulation Visit**
4352 Windsor Rd Windsor WI 53598	608-513-7692	10/8/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(dm)4. **Medical Log - Reviewing Injury Records** Description: A review of injuries in the medical log book was not documented every six months when the most recent review was noted in 2025.	Medical log was reviewed and staff were reminded that the med log must be reviewed within a 6month time frame from the previous review	10-15-26	
2	251.07(6)(f)6. **Current Authorizations For Medications On Premises** Description: The written parental authorization for a child's medication kept at the center expired one month ago.	An updated medicine authorization form has been obtained to replace the expired form.	10-15-26	

NAME - Agency Worker
Amy Anderson

Date Issued
10/12/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
10-15-26