

Date Correction Plan Due 12/8/2025	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.

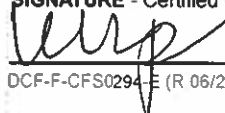
Name - Certified Operator / Licensed Center Ymca Child Learning Center		Provider Number / Facility ID Number 5000560455 / 039 - 1011158		
Address - Facility (Street, City, State, Zip Code) 4630 N Meade St Appleton WI 549139580		Telephone Number 920-560-3710	Date - Regulation Visit 10/7/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.055(2)(c) Mixed-Age Group - Staff-To-Child Ratio Description: On 9/23/25, upon review of attendance there were 21, 2-2.5 year olds in the Honeybee Hill room for approximately 3 minutes. There was also 14, 2.5 year olds signed into the Lady Bug room for the day with 1 staff member. (2 yrs old 1:7 ratio, 2.5 yrs old 1:8 ratio)	Staffing pattern changed Float staff KA signed into Ladybugs all day (documentation attached)	10/13/2025	
2	251.055(2)(e) Mixed Age Group Of Children Over Age 2 - Group Size Description: On 9/23/25, upon review of attendance there were 21, 2-2.5 year olds in the Honey Bee Hill room for approximately 3 minutes which exceeded the maximum group size for this age with A Total Numeric Weight Of 2.8.	Staffing pattern changed Teachers re-educated to sign into the app the moment they arrive in each classroom.	10/13/2025	

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3	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: On 10/7/25, in the Blue Jay room, there was an authorization with no dates for an epi pen, an expired authorization for Tylenol and a blank authorization for Tylenol. In the Badger room there was an authorization form with missing dates for gas drops.	All authorizations Corrected & Current	12/1/2025

NAME - Agency Worker
Jessica Farah

Date Issued
11/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

12/3/2025