Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/14/2025		920-785-7811

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 Appleton - Child Care Center	5000560455 / 024 - 420063

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
218 E Lawrence St Appleton WI 549115724	920-954-7636	10/30/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.07(6)(f)6. **Current Authorizations For Medications On Premises** Description: In the Fox room there was a container of eye drops that did not have a current authorization on file and needed to be sent home.	Have the parent/guardian complete the authorization Form & ensure it stays current.		
2	251.09(1)(c) **Infant & Toddler - Documenting Changes In Development** Description: The chipmunk room had 1 intake that was not current (updated once every 3 months) and the otter room had 3 intakes that were not current. Repeat violation: Previously cited on 12/30/2024, 7/2/2024	Ensure rooms all current on all intakes. Any expired or close to expiring, will have parent/guardians complete & update on time moving forward.		

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Jill Kellner

Date Issued
10/31/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/22/26