

NONCOMPLIANCE STATEMENT AND CORRECTION
PLANTO FILE A COMPLAINT CALL
800-422-6785Date Correction Plan Due
8/29/2025

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline proposed plans of correction, if appropriate. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.026, DCF 202.042(N) and 202.043(N) and 202.043(N), DCF 202.043(N) and 202.043(N), DCF 202.043(N) and 202.043(N). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions described 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 action labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance items. Identify specific details for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care center, a copy of the noncompliance statement and correction plan must be retained in accordance with Wis. Stat. 48.57. This request for a correction plan is not an order. Instead, a citation is generally pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for each finding from the finding or a team 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

Badger Gymnastics Of Madison Summer

7000980047 / 002 - 2020481

Address - Facility (Street, City, State, Zip Code)
8901 Schroeder Rd Madison WI 537172313Telephone Number
608-913-2710Date - Registration Valid
7/31/2025

1	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	202.43(3)(d) Fire Protection Facilities & Equipment Maintenance & Inspections Description: The camp was not in compliance when fire extinguishers on site were not inspected within the last year.	<i>checked inspect for all in summer</i>	<i>8/14/25</i>	<i>8/14/25</i>

NAME - Agency Worker

Robert Macy

Date Issued
8/15/2025

Date Signed

8/31/25

SIGNATURE - Certified Operator or Designer / Licensee or Designer