

Date Correction Plan Due 11/10/2025	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 Falls Ymca Child Care At Sfes		Provider Number / Facility ID Number 8000557178 / 009 - 2002412		
Address - Facility (Street, City, State, Zip Code) 1 Alfred Miley Ave Sheboygan FIs WI 530851200		Telephone Number 920-550-5858	Date - Regulation Visit 9/29/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(3)(h) Report - Change In Room Usage Description: Based upon staff statement during a monitoring visit, the school age room was relocated to the second floor of the school and not reported to the department.	The school-aged childcare will continue to use the cafeteria & room A110 only until the 2nd floor classroom has been fully licensed for care. An appointment to measure new classroom will be scheduled		
2	251.07(6)(dm)1. Medical Log Book Description: Based upon record review, the medical log book on premise was not reviewed within the most recent six months.	The medical log book has now been reviewed and will continued to document review of the logbook every 6months		

NAME - Agency Worker
Amanda Holz

Date Issued
10/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kelly L Thill

Date Signed
10/27/2025