

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

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| Date Correction Plan Due 5/5/2026 | 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.

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| Name - Certified Operator / Licensed Center Sheboygan Ymca Youth Development Center | | Provider Number / Facility ID Number 8000557178 / 001 - 420695 | | | |
| Address - Facility (Street, City, State, Zip Code) 812 Broughton Sheboygan WI 530814115 | | Telephone Number 920-451-8000 | Date - Regulation Visit 3/30/2026 | | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | <table border="1"> <tr> <td data-bbox="1507 740 1738 801"> Expected Completion Date </td> <td data-bbox="1738 740 1946 801"> Verification Date </td> </tr> </table> | Expected Completion Date | Verification Date |
| Expected Completion Date | Verification Date | | | | |
| 1 | 251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: A child's medication was observed stored in a Tupperware container with no label. | Discussed with teachers about meds needing to be in prescription bottle and not accepting meds not in a bottle | <table border="1"> <tr> <td data-bbox="1507 801 1738 1065">4/22/26</td> <td data-bbox="1738 801 1946 1065"></td> </tr> </table> | 4/22/26 | |
| 4/22/26 | | | | | |
| 2 | 251.07(6)(g)4. Properly Clothed Children Description: A child had an accident and was observed eating lunch in only swim trunks. | Discussed with teachers where clothes were kept for older kids | <table border="1"> <tr> <td data-bbox="1507 1065 1738 1321">4/22/26</td> <td data-bbox="1738 1065 1946 1321"></td> </tr> </table> | 4/22/26 | |
| 4/22/26 | | | | | |

NAME - Agency Worker
Erin Taylor

Date Issued
4/21/2026

SIGNATURE - Certified Operator or Designer / Licensee or Designee

Date Signed

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4.22.2026

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