

Date Correction Plan Due 3/10/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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)(f) 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.

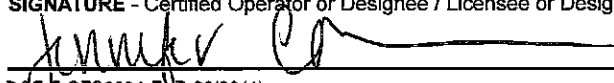
Name - Certified Operator / Licensed Center Ymca Child Development Center		Provider Number / Facility ID Number 2000559672 / 002 - 420116		
Address - Facility (Street, City, State, Zip Code) 324 Washington Ave Oshkosh WI 54901		Telephone Number 920-230-8954	Date - Regulation Visit 2/19/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)8.a. Child Record - Physical Exam - Under 2 Description: One child under the age of 2 did not have a current, once every 6 months, physical in their file - see checklist	Family has appt. Scheduled (2yr vup) DOB 3/15	3/31/25	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: three staff members did not have a physical in their file after 30 days of employment - see checklist. Repeat violation: Previously cited on 4/9/2024, 11/13/2023	(A) PCP is sending our form (F) PCP is sending our form (H) Scheduled for 3/10	3/10/25	

Name - Certified Operator / Licensed Center Ymca Child Development Center		Provider Number / Facility ID Number 2000559672 / 002 - 420116	
Address - Facility (Street, City, State, Zip Code) 324 Washington Ave Oshkosh WI 54901		Telephone Number 920-230-8954	Date - Regulation Visit 2/19/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: two staff members did not have CPR training within 3 months of employment - see checklist.	Both have CPR Scheduled 3/1/25 (E) + 3/6/25 (H)	3/1/25 - Passed 3/6/25
4	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Five logbooks were not updated once every 6 months. Corrected during visit. Repeat violation: Previously cited on 9/5/2024	Updated immediately	2/19/25
5	251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Two intakes in the toddler room were not updated once every 3 months. Repeat violation: Previously cited on 9/5/2024, 11/1/2023	Parents filling out updated forms	3/10/25

NAME - Agency Worker
Jill Kellner

Date Issued
2/24/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
3/7/25