

Date Correction Plan Due 7/7/2025	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		Provider Number / Facility ID Number	
Oshkosh Ymca Child Care At Uwo		2000559672 / 019 - 2006534	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
608 Algoma Blvd Lincoln Hall Oshkosh WI 549013502		920-424-0260	6/19/2025
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
1 251.05(3)(b) Abusive Head Trauma Prevention Training Description: One staff member #F did not have documentation that she took abusive head trauma training prior to working with children - see checklist. Repeat violation: Previously cited on 8/29/2024	Course was taken on 5/20 prior to start. Certificate was added to file.	6/27/25	
2 251.09(1)(c) Infant & Toddler - Documenting Changes In Development Description: Room 100 had 2 intakes that were outdated. Rm 101 had 1 intake that was outdated. Rm 106 had 2 intakes that were outdated. Intakes need to be updated once every 3 months. Repeat violation: Previously cited on 2/5/2025	Families were re-given the forms to fill out with a return date of asap.	7/4/25	

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Noncompliance Statement			

NAME - Agency Worker
Jill Kellner

Date Issued
6/23/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Crystal Papp

6/27/25