

<b>Date Correction Plan Due</b> 1/22/2026	<h2 style="margin: 0;">NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</h2>	<b>TO FILE A COMPLAINT CALL</b> 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)(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.

<b>Name - Certified Operator / Licensed Center</b>		<b>Provider Number / Facility ID Number</b>		
Ymca School Age - Oakwood		2000559672 / 006 - 420169		
<b>Address - Facility (Street, City, State, Zip Code)</b>		<b>Telephone Number</b>	<b>Date - Regulation Visit</b>	
1225 N Oakwood Rd Oshkosh WI 54904		920-230-8961	9/22/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(k) <b>License Posted &amp; Visible</b>  Description: Based on observation the program failed to post the license.	License has been placed at site + posted	02/01/2026	
2	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Based on record review on 9/22/25 according to the Staff Record Checklist Staff Member C failed to have a health report on file.	Staff have scheduled appointments	04/01/2026	

Name - Certified Operator / Licensed Center

Ymca School Age - Oakwood

Provider Number / Facility ID Number

2000559672 / 006 - 420169

Address - Facility (Street, City, State, Zip Code)

1225 N Oakwood Rd Oshkosh WI 54904

Telephone Number

920-230-8961

Date - Regulation Visit

9/22/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<p>251.05(3)(g)1. Assistant Child Care Teacher - Supervision</p> <p>Description: Based on observation a lead teacher was not present on 9/22/25 for each group of children.</p>	<p>Will move staff around or complete training</p>	<p>06/01/2026</p>	
4	<p>251.05(3)(g)2. Assistant Child Care Teacher - Qualifications</p> <p>Description: Based on record review on 9/22/25 according to the Staff Record Checklist Staff Member C and D failed to have school age qualifications on file. Staff Member C has been employed since 9/9/24 and Staff Member D has been employed since 1/31/24.</p>	<p>Staff will be given the toys to get qualifications</p>	<p>06/01/2026</p>	
5	<p>251.05(4)(c)1. Continuing Education Requirement - Full Time Staff</p> <p>Description: Based on record review on 9/22/25 according to the Staff Record Checklist Staff Member B, C, and D failed to have any continuing education on file for 2024.</p> <p>Repeat violation: Previously cited on 1/16/2025</p>	<p>have <del>been</del> received <del>transcripts</del> or updated</p>	<p>06/01/2026</p>	

Name - Certified Operator / Licensed Center

Provider Number / Facility ID Number

Ymca School Age - Oakwood

2000559672 / 006 - 420169

Address - Facility (Street, City, State, Zip Code)

1225 N Oakwood Rd Oshkosh WI 54904

Telephone Number

920-230-8961

Date - Regulation Visit

9/22/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6	<p>251.055(1)(b) <b>Supervision - Teacher Per Group Of Children</b></p> <p>Description: Based on observation and record review the center failed to have a lead teacher per each group of children. There was only one lead qualified staff member present.</p>	<p>Will move staff around or have staff complete training</p>	<p>06/01/2026</p>	
7	<p>251.055(2)(b) <b>Staff-To-Child Ratios - Minimum</b></p> <p>Description: Based on observation and record review on 9/22/25 the program failed to meet staff to child ratios from 2:45pm-3:02pm. Only one staff member was present one for each group of children. Juniors-1 staff member to 23 children Senior- 1 staff member to 31 children 4 Staff were needed to meet staff to child ratios.</p>	<p>We will make sure our schedule has the appropriate amount of staff at all times.</p>	<p>02/01/2026</p>	
8	<p>251.07(3)(c) <b>Indoor &amp; Outdoor Equipment - Based On Maximum Licensed Capacity</b></p> <p>Description: Based on observation the program failed to have enough equipment and furnishings for the maximum licensed capacity. The children had access to 1 set of cube blocks and drawing materials. (paper and markers). 53 children were present within two large groups. Children would need access to three materials each.</p>	<p>More toys were purchased and sent to site</p>	<p>06/01/2026</p>	

**Name - Certified Operator / Licensed Center**  
 Ymca School Age - Oakwood

**Provider Number / Facility ID Number**  
 2000559672 / 006 - 420169

**Address - Facility (Street, City, State, Zip Code)**  
 1225 N Oakwood Rd Oshkosh WI 54904

**Telephone Number**  
 920-230-8961

**Date - Regulation Visit**  
 9/22/2025

	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>

**NAME - Agency Worker**  
 Cassandra Debauche

**Date Issued**  
 1/8/2026

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**  
 01/22/2026

*C. Kortlein*