

<b>Date Correction Plan Due</b> 5/27/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Ymca Sch Age Care - Woodland		<b>Provider Number / Facility ID Number</b> 5000560455 / 037 - 1010956		
<b>Address - Facility (Street, City, State, Zip Code)</b> N9085 N Coop Rd Appleton WI 549159500		<b>Telephone Number</b> 920-830-5719	<b>Date - Regulation Visit</b> 5/7/2025	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(2)(L)1.b. <b>Department Notices Posted</b>  Description: An enforcement action-Order and Direct Forfeiture dated 2/17/25 failed to be posted for viewing.	Notice will be placed on parent board	5/16/25	
2	251.05(2)(a)3.a. <b>Staff Record - Physical Examination</b>  Description: Of 3 Staff Records reviewed 1 failed to have documentation of an exam.  Repeat violation: Previously cited on 9/25/2023	Staff member will attend their scheduled appointment and complete the exam.	5/30/25	

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3	251.05(2)(a)4.b. <b>Staff Record - Registry Certificate - School Age Programs</b>  Description: Of 3 Staff Records reviewed 1 failed to have documentation of a Certificate from the Registry.  Repeat violation: Previously cited on 9/27/2024	Staff will set up a registry account and submit documentation required	5/23/25	
4	251.05(2)(a)4.d. <b>Staff Record - Educational Qualifications</b>  Description: Of 3 Staff Records reviewed 1 failed to have documentation their education qualifications.  Repeat violation: Previously cited on 9/27/2024	Staff will provide a copy of their ed. qualifications for their file	5/23/25	
5	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b>  Description: Of 3 Staff Records reviewed 1 failed to have documentation of current CPR certification.	Staff member will take a CPR course on the next available date	6/30/25	
6	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b>  Description: Of 3 Staff Records reviewed 1 failed to have documentation of the training.	Staff will complete the CAW training and a certificate will be put in their file	5/23/25	

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7	251.06(3)(b)4. <b>Emergencies - Record Of Fire / Tornado Drills</b>  Description: Center failed to have documentation of completing a fire and tornado drill for the month of April 2025.  Repeat violation: Previously cited on 9/25/2023	Staff will conduct fire and tornado drills monthly as required and ensure documentation of drills is completed.	5/23/25

**NAME - Agency Worker**  
Ruth Sprangers

**Date Issued**  
5/12/2025

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

**Date Signed**

5-19-25