

Date Correction Plan Due 4/2/2026	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)(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 Ymca Sch Age Care - Electa Quinney		Provider Number / Facility ID Number 5000560455 / 032 - 1001609		
Address - Facility (Street, City, State, Zip Code) 2601 Sullivan Ave Kaukauna WI 541303564		Telephone Number 920-830-5720	Date - Regulation Visit 3/11/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.05(2)(a) Staff Record - Maintenance & Availability Description: Based on record review on 3/11/26 according to the Staff Record Checklist Staff Member H failed to have a file onsite.	Directors and coordinators will have their files on site instead of traveling with them.	4/10/26	
2	251.05(2)(a)3.a. Staff Record - Physical Examination Description: Based on record review on 3/11/26 according to the Staff Record Checklist Staff Member c failed to have a Health Report on file. Repeat violation: Previously cited on 3/14/2024	Staff will get her form back into her file	4/10/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Ymca Sch Age Care - Electa Quinney		5000560455 / 032 - 1001609	
Address - Facility (Street, City, State, Zip Code) 2601 Sullivan Ave Kaukauna WI 541303564		Telephone Number 920-830-5720	Date - Regulation Visit 3/11/2026
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3 251.055(1)(b) Supervision - Teacher Per Group Of Children Description: Based on observation and record review on March 11, 2026 There was only one lead qualified SA leader, 3 assistant teachers for 55 children enrolled.	Another staff member will complete the training for lead qualification	6/4/26	
4 251.094(5)(c)3. School-Age Group Leader - Training Description: Based on record review on 3/11/26 according to the Staff Record Checklist Staff Member B and Staff Member G failed to have School Age Training completed and on file within 6 months of hire.	All staff will completed assistant trainings.	6/4/26	

NAME - Agency Worker
Cassandra Debauche

Date Issued
3/19/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

3/27/26