Date Correction Plan Due 1/21/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 715-930-1148

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**	
Ymca - Oaklawn Sacc		5000556395 / 034 - 2008675	
Address - Facility (Street, City, State, Zip Code) 500 21St St SE Menomonie WI 547512274	**Telephone Number** 715-861-2345	**Date - Regulation Visit** 12/17/2025	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.05(2)(a) **Staff Record - Maintenance & Availability** Description: Staff D's file was not available for examination by the licensing representative on 12/17/25.	All staff files are on site and available for examination.	12/17/2025	
2	251.05(2)(a)2. **Staff Record - Completed Background Check** Description: According to documentation and staff interviews, a complete caregiver background check as specified in s. 48.685, Stats., and ch. DHS 12 including the results of any subsequent investigation related to information obtained as part of the background check within 60 days of employment had not been completed for Staff B prior to the staff providing sole supervision to children.	Staff B completed the required background check and is eligible to provide supervision. All staff are eligible in the DCF portal to provide supervision.	12/23/2025	

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500 21St St SE Menomonie WI 547512274	715-861-2345	12/17/2025	

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

NAME - Agency Worker
April Callihan

Date Issued
1/7/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
1.15.26