Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
11/12/2026		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)	Telephone Number	Date - Regulation Visit
500 21St St SE Menomonie WI 547512274	715-861-2345	10/15/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(2)(L)1.a. **Monitoring Results Posted** Description: The monitoring results and correction plan from the most recent licensing inspection was not posted.	Ensure all monitoring results are posted and visible on Site.	11/12/26	
2	251.07(5)(b)1. **Mealtime - Staff With Children** Description: Child care staff were not sitting at the table with children during snack time.	Have Staff Sit with Children during Snack	10/18/26	

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** 10/15/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.07(5)(b)5. **Eating Surfaces - Cleaned, Sanitized** Description: Eating surfaces were not sanitized before or after snack time in accordance with the label instructions. The label of the sanitizing solution used by the program states that the product shall be rinsed with potable water after use. Staff were not rinsing the sanitizing solution with water after use.	Staff will Closely follow the directed instructions on the bottle	10/16/26	
4	251.095(2m)(c) **School-Age Care - Supervision Of Group Of Children** Description: There was not a qualified program leader onsite providing supervision to staff and children on the day of the licensing visit. It was also discovered through a review of staff hours that there was not a qualified program leader onsite for approximately two hours on October 8th and again on October 15th. Repeat violation: Previously cited on 5/18/2026	Ensure that a program leader is onsite. Also Providing Proper training to staff to obtain Program lead Status	10/16/26	

NAME - Agency Worker
Amelia Gruber

Date Issued
10/29/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
11/11/26