

Date Correction Plan Due 9/16/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Greater Green Bay Ymca Kids Camp		6000560216 / 001 - 440012		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
601 Cardinal Ln Green Bay WI 54313		920-436-9675	7/22/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.42(3)(a) Pre-Camp Training Plan - Submit, Implement Description: Based on record review on 7/22/25 according to the Staff Record Checklist Staff Member G on Pg. 1 failed to have Pre-Camp Training on file.	<i>Staff member received necessary training and will have form on file next summer</i>	<i>6/8/26</i>	
2	252.42(3)(e) Cardiopulmonary Resuscitation Training Description: Based on record review on 7/22/25 according to the Staff Record Checklist Staff Member G on Pg. 1 failed to have CPR Training on file.	<i>Staff member is certified on CPR. Form will be on file</i>	<i>6/8/26</i>	

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Address - Facility (Street, City, State, Zip Code) 601 Cardinal Ln Green Bay WI 54313		Telephone Number 920-436-9675	Date - Regulation Visit 7/22/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	252.42(4)(a) Contact With Person - Illness, Communicable Disease Description: Based on record review on 7/22/25 according to the Staff Record Checklist Staff Member G on Pg. 1 failed to have a Health Report on file.	Staff member has a physical prior to camp and form is in file	6/8/26
4	252.44(9)(a) Firearms & Archery - Supervision By Trained Instructor Description: Based on record review on 7/22/25 according to the Staff Record Checklist Staff Member B on Pg. 2 failed to have a valid Bow Hunter Certification on file. The Bow Hunter Certification expired 6/5/25.	Staff member has a current bow hunter license and will be on file	6/8/26

NAME - Agency Worker
Cassandra Debauche

Date Issued
9/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Cynthia Bykoski

9-8-25