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Date Correction Plan Due 9/29/2022	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Ymca Camp St Croix		Provider Number / Facility ID Number 5000557245 / 005 - 540003		
Address - Facility (Street, City, State, Zip Code) 532 County Road F Hudson WI 54016		Telephone Number 715-386-4380	Date - Regulation Visit 8/5/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(4)(a)1.a. Child Record - Enrollment Information Description: Child #1 and #5's records were missing the name, address and telephone number of the physician or medical facility who provides care for the child. Repeat violation: Previously cited on 3/3/2021	child - added files will be completed moving forward	9/2022	
2	252.42(1)(a)1. Staff File - Personal Information Description: Staff Record forms for Staff A, C, and D were incomplete. The Staff Record form for Staff # B was blank.	- gathered info. & submitted.	9/2022	

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3	<p>252.42(1)(a)3. Staff File - Background Check Results</p> <p>Description: Documentation of a completed child care background check that indicates the person is eligible to work in a child care program was not available for review for Staff D. Upon later review, the staff's eligibility had expired.</p> <p>Repeat violation: Previously cited on 7/15/2022, 8/19/2021</p>	<p>- removed certian staff that don't work w/ licensed campers.</p> <p>- won't have them in portal moving forward</p>	<p>ASAP 9/2022</p>
4	<p>252.42(1)(a)4. Staff File - Pre-Camp Training</p> <p>Description: There was not documentation of Staff # A or B having completed the required 24 hour pre-camp training. Staff # A's form was missing from the file and Staff B's pre-camp training form was blank.</p>	<p>- staff completed</p> <p>- will have collected moving forward.</p>	<p>9/2022</p>
5	<p>252.42(1)(a)6. Staff File - High School Diploma Or Equivalent</p> <p>Description: Documentation of a high school diploma or its equivalent as determined by the Wisconsin Department of Public Instruction was not available for Staff # A and B.</p>	<p>- staff submitted</p> <p>- will collect moving forward</p>	<p>9/2022</p>

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6	<p>252.42(3)(a)13. Pre-Camp Training - Shaken Baby Syndrome</p> <p>Description: Documentation of Staff A-D receiving documentation of Shaken Baby Syndrome Prevention or Abusive Head Trauma Prevention Training prior to providing care and supervision to children under 5 years of age was not available at the time of the monitoring visit.</p>	<p>-staff completed</p> <p>-will have done pre start of camp moving forward</p>	9/2022
7	<p>252.42(3)(e) Cardiopulmonary Resuscitation Training</p> <p>Description: Documentation of Staff A and D having obtained a certificate of completion for Department-approved training in child and adult CPR/AED prior to working with children in care was not available for review.</p> <p>Repeat violation: Previously cited on 8/19/2021</p>	<p>-staff completed</p> <p>-will have done pre start of camp moving forward</p>	9/2022

NAME - Agency Worker
April Callihan

Date Issued
9/15/2022

SIGNATURE - Agency Worker

Date Signed