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| Date Correction Plan Due 9/8/2022 | NONCOMPLIANCE STATEMENT AND CORRECTION PLAN | TO FILE A COMPLAINT CALL 715-361-7700 |
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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.

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| Name - Certified Operator / Licensed Center Woodson Ymca Camp Sturtevant | | Provider Number / Facility ID Number 3000557803 / 002 - 1002713 | |
| Address - Facility (Street, City, State, Zip Code) 2701 Northwestern Ave Wausau WI 544038948 | | Telephone Number 715-849-2267 | Date - Regulation Visit 8/22/2022 |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date |
| 1 | 252.09(2)(a) Permission - Purpose Of Transport Description: Child 2 and Child 4 do not have a signed permission form authorizing the center to transport them to and from the center. | I CALLED FAMILIES. I HAVE NOT HEARD BACK. CHILDREN WILL NOT BE TRANSPORTED WITHOUT A SIGNED PERMISSION FORM AUTHORIZING THE CAMP TO TRANSPORT. IF PARENTS DO NOT TURN IT IN, WE WILL NOT TRANSPORT THE CAMPER. | 9-12-22 |
| 2 | 252.41(2)(a) Report - Incident Or Accident Description: Per interview of the director, there have been a few incidents this summer where a child sought medical evaluation and those incidents have not been reported to licensing. | ALL INCIDENTS REPORTS THAT WERE NOT SENT HAVE BEEN EMAILED. MOVING FORWARD LICESING WILL BE NOTIFIED WITHIN 24 HOURS. | 9-12-22 |

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| 3 | <p>252.44(6)(g)3.b. Medical Log - Injuries In Care</p> <p>Description: The center fills out incident forms to be entered in the medical log book. There are multiple forms that have not been entered in the Pathfinders medical log book since 07/01/2022. Incidents/accidents are required to be entered in the medical log book on the date they occur.</p> | <p>ALL INCIDENT REPORTS HAVE BEEN ENTERED INTO THE MED LOG FOR PATHFINDERS. MOVING FORWARD ALL INJURIES OR INCIDENTS WILL BE ENTERED ON THE DAY OF THE ACCIDENT OR INCIDENT.</p> | <p>4-12-22</p> |

NAME - Certification Worker / Licensing Specialist
Kirsten Kronberger

Date Issued
8/25/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

4-12-22