

Date Correction Plan Due 8/4/2025	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	
Mtr Y Camp		3000558593 / 023 - 2007028	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
701 N 4Th St Manitowoc WI 542203932		920-901-8719	7/17/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	252.41(4)(a)1.a. Child Record - Enrollment Information Description: Two children #1 and 8 were missing their doctors phone numbers on their enrollment - see checklist	Numbers placed in files	7/17/25
2	252.41(4)(a)4. Child Record - Field Trip Authorization Description: All of the 10 children records checked were missing their field trip Permission on their enrollment form - see checklist.	Emails will go out to families prior to trips It is in our policy however next year it will be in Registration Paperwork	7/17/25

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Rule/Statute Number	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	252.42(1)(a)1. Staff File - Personal Information Description: two staff members #G on page 1 and #C on page 2 were missing their staff records in their files - see checklist.	Records Placed in files	7/18/25	
4	252.44(6)(e)3m. Medication - Administer As Labeled Description: three of the medications at the site were expired medications and need to be replaced with non expired meds.	Medications were replaced	7/21/25	
5	252.44(6)(e)4. Medication Storage - Current Authorization Description: One child did not have a current authorization with his medication	Authorization updated	7/18/25	

NAME - Agency Worker
Jill Kellner



SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Issued
7/21/2025

Date Signed

7/21/2025