Date Correction Plan Due 8/2/2022

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NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL 262-446-7800

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	Prov	lder Number / Facility ID Nu	mber	
Tri-County Ymca Day Camp	4000	4000558914 / 013 - 2002273		
Address - Facility (Street, City, State, Zip Code) N84w17501 Menomonee Ave Menomonee Falls WI 530512678	Telephone Number 262-255-9622	Date - Regulation 7/19/2022	Visit	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
1 252.42(1)(a)4. Staff File - Pre-Camp Training Description: Staff pre training completed but documentation incomplete in file	Pre Camp training documentation will be audited & completed, if pre necessary, prior to staff's first shift at camp.	06/2023		
2 252.43(2)(b) Accessible Toxic Substances, Power Tools Description: Sunscreen and insect repellent no locked and act to children in care Repeat violation: Previously cited on 7/26/2021	New sunscreen bins have been purchased with ability to have lock attached. Additionally, counselors will ensure sunscreen is placed in locked bin before starting new activity.	08/2022		

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Nan	e - Certified Operator / Licensed Center	Provide	or Number / Facility ID Nun	nber
Tri-0	County Ymca Day Camp	40005	58914 / 013 - 2002273	
Address - Facility (Street, City, State, Zip Code) N84w17501 Menomonee Ave Menomonee Falls WI 530512678		Telephone Number 262-255-9622	Date - Regulation Visit 7/19/2022	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	252.43(4)(a) Drinking Water Availability Description: Water bottles not labeled as required	Counselors have been provided permanent markers and will check all water bottles for first and last names.	08/2022	
4	252.44(6)(e)1.a. Medication Administration - Parental Authorization Description: Parent authorization for medication did not include interval of use as required	Upon receiving medications, camp leadership staff will audit the authorization to administer medication form while parent or guardian is present.	06/2023	
5	252.44(6)(g)4. Medical Log - Review Description: No monthly review of medical log documented in book	Camp Leadership staff will review medical log every month of the camp season.	08/2022	
6	252.44(7)(b)5. Waterfront Check-In / Check-Out Procedure Description: Child sent back into water without being tracked back into the pool. System recorded incorrect number of children in pool and on deck	Waterfront supervisor will stay closer to system record to ensure proper number of children in and out of the pool is accurate,	08/2022	

NAME - Certification Worker /	Licensing	Specialist
Davil Cnink		

Date Issued 7/19/2022

SIGNATURE - Certifi	ed ₁ Operator or Desig	gnee / Licensee or Designe
Mulagal	Horn Re	gnee / Licensee or Designed
JUNIOR	Theren - B-	

Date Signed 8/2/2022