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| Date Correction Plan Due 9/27/2024 | 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 Feith Family Ozaukee Ymca Day Camp | | Provider Number / Facility ID Number 9000559219 / 020 - 2002383 | | |
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| Address - Facility (Street, City, State, Zip Code) 465 Northwoods Rd Prt Washngtn WI 530749671 | | Telephone Number 262-235-9617 | Date - Regulation Visit 7/29/2024 | |
| | Rule/Statute Number Noncompliance Statement | Correction Plan | Expected Completion Date | Verification Date |
| 1 | 252.44(6)(i)1. Personal Cleanliness - Child Handwashing Description: Based upon observation during a visit a child was observed exiting the porta potty and touching the handwashing station but did not complete the handwashing requirement. | Reviewed with all staff during weekly staff meeting on 8/1/24. Also reviewed with employee whose camper | 8/30/24 | 9/1/24 |

did not wash hands correctly on 8/30/24

NAME - Agency Worker
Amanda Holz

Date Issued
9/13/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



9/16/24