Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/11/2025		920-785-7811

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
Jackson Ymca Day Camp	9000559219 / 042 - 2008159

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
W209n1685 Jackson Dr Jackson WI 53037	262-247-1056	6/16/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.42(1)(a)3. **Staff File - Background Check Results** Description: Based upon review on June 16, 2025, Staff Member C of the Staff Record Checklist had expired eligibility and was used in child-to-counselor ratio during the visit.	Staff Member C will renew their Background Check Eligibility	7/1/2025	
2	252.42(1)(a)4. **Staff File - Pre-Camp Training** Description: Based upon review on June 16, 2025, Staff Member A and B of the Staff Record Checklist did not have documentation of completing pre-camp training.	Staff Members A and B will have the Documentation of their pre camp training added to their staff file	7/15/2025	

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3	252.42(1)(a)5. **Staff File - Days & Hours Worked** Description: Based upon observation on June 16, 2025, two counselors failed to document their hours worked when they did not sign themselves into ratio on the day of the visit.	All Staff will sign in and out of program when in ratio	7/15/2025	
4	252.42(3)(e) **Cardiopulmonary Resuscitation Training** Description: Based upon review on June 16, 2025, Staff Member B of the Staff Record Checklist did not have documentation of completion of CPR prior to working with children.	Staff Member C's CPR certification will be added to their staff file	7/15/2025	
5	252.44(6)(e)4. **Medication Storage - Current Authorization** Description: Based upon observation on June 16, 2025, a medication authorization for an inhaler could not be located at the camp.	Medication Authorization forms will be completed for all medications	7/15/2025	

NAME - Agency Worker
Jamie Brandt

Date Issued
6/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
07/11/2025