

Date Correction Plan Due 9/8/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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 Grafton Ymca Day Camp		Provider Number / Facility ID Number 9000559219 / 036 - 2005029		
Address - Facility (Street, City, State, Zip Code) 700 Hickory St Grafton WI 530241122		Telephone Number 262-343-1176	Date - Regulation Visit 7/15/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.07(3)(b)3. Child Abuse & Neglect Training - Reporting Procedure Description: Based upon investigation, there was alleged child to child contact that counselor's failed to immediately report to to Child Protective Services or law enforcement.	<i>Follow DCF protocol when there is inappropriate touching. Have added to 2026 camp Training</i>	<i>8/26/25</i>	
2	252.42(1)(a)6. Staff File - High School Diploma Or Equivalent Description: Based upon record review on 07/15/2025, a staff member file did not contain documentation of the high school diploma.	<i>Staff are know required to turn in within 2 week and have to reach out to school to receive</i>	<i>8/26/25</i>	

NAME - Agency Worker
Amanda Holz

Date Issued
8/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

8/26/25