Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/9/2026		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
Kewaskum Ymca Day Camp	9000559219 / 047 - 2009185

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
1676 Reigle Dr Kewaskum WI 530408923	262-247-1019	6/16/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.42(1)(a)2. **Staff File - Training & Certifications** Description: Based on records review, staff members A, C, and E did not have the abusive head trauma prevention training information on file.	All staff will have AHT certs uploaded	7/6/26	7/6/26
2	252.42(1)(a)4. **Staff File - Pre-Camp Training** Description: Based on records review, the program lacked documentation that staff member E completed the required pre-camp training.	All staff will have uploaded pre-camp forms	7/6/26	7/6/26

Name - Certified Operator / Licensed Center			Provider Number / Facility ID Number	
Kewaskum Ymca Day Camp			9000559219 / 047 - 2009185	
Address - Facility (Street, City, State, Zip Code) 1676 Reigle Dr Kewaskum WI 530408923		**Telephone Number** 262-247-1019	**Date - Regulation Visit** 6/16/2026	
	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	252.44(6)(e)1.a. **Medication Administration - Parental Authorization** Description: Based on records review, there was a medication authorization form that was missing the expiration date.	Med forms will be reviewed by leadership when turned in for all information	7/10/26	7/10/26

NAME - Agency Worker
Gloribel Tegen

Date Issued
6/25/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jason Heun

Date Signed
7/10/2026