

<b>Date Correction Plan Due</b> 8/14/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 262-446-7800
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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.

<b>Name - Certified Operator / Licensed Center</b> Rite-Hite Ymca Day Camp		<b>Provider Number / Facility ID Number</b> 1000558721 / 012 - 240028		
<b>Address - Facility (Street, City, State, Zip Code)</b> 9250 N Green Bay Ave Brown Deer WI 53209		<b>Telephone Number</b> 414-357-1950	<b>Date - Regulation Visit</b> 7/3/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	252.41(4)(a)6.f. <b>Child Record - Health History - Medical Condition Symptoms</b>  Description: Child 5's health history and emergency care plan form did not include additional information needed when listing a health condition.  Repeat violation: Previously cited on 7/11/2023	Child 5 health history and emergency care plan has been updated	7-8-24	
2	252.42(3)(e) <b>Cardiopulmonary Resuscitation Training</b>  Description: Staff C did not have documentation of CPR training on file.  Repeat violation: Previously cited on 7/11/2023	Staff C CPR has been updated  And ready for visits	7-12-24	

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3	252.425(1)(b) <b>Child Tracking Procedure</b>  Description: Tracking was not accurate in one group when there were 10 children in care, but 9 children were documented on tracking.  Repeat violation: Previously cited on 7/11/2023, 8/19/2022	Tracking was reviewed and check throughout the day at camp	7-8-2024	
4	252.43(1)(f) <b>Base Camp Premises &amp; Structures - Condition, Maintenance, Safe</b>  Description: A shelter used by the camp program was not maintained in good condition when it was observed to have roof boards that were detached and drooping down. Exposed nails were visible.  Repeat violation: Previously cited on 7/11/2023	Shelter was repaired	7-15-2024	
5	252.43(5)(c) <b>Soap, Toilet Paper Available &amp; Accessible</b>  Description: The portable sink by the outdoor toilet did not have soap available for children to use when washing hands.	Soap was refilled at visit and daily checks as well	7-3-2024	
6	252.44(6)(e)1.b. <b>Medication Administration - Container &amp; Label</b>  Description: An inhaler at the camp did not have a name written on it.	Inhaler was labeled with camper's name	7-3-2024	

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7	252.44(6)(g)4. <b>Medical Log - Review</b>  Description: The medical log book did not have documentation of a review in the month of June.	Med log was Reviewed	7-8-2024

**NAME - Agency Worker**  
Cindy Matuszak

**Date Issued**  
7/31/2024

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

**Date Signed**

8-13-2024