DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education	Attachment "A"	S	STATE OF WISCONSIN
Date Correction Plan Due NONCOMPLIANCE STATEMENT AND CORRE 9/13/2023 PLAN	TEMENT AND CORRECTION	TO FILE A COMPLAINT CALL 262-446-7800	⁹ LAINT CALL
Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule v This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250 and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions may submit plans of correction however are not required to do so.		olation(s) and to outline imposed plans of correction, if applicable. 04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) identified in the statute and / or administrative rule. Public Schools	rrection, if applic f)., DCF 252.41 rule. Public Sc
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	child care statute and / or administrative rule identified by the certification / licensing specialist taken to address and correct each of the listed noncompliance(s). Identify expected completion alist for approval and retain a copy. If this is a licensed child care, post your copy of the Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or	ninistrative rule identified by the certification / licensing specialist. each of the listed noncompliance(s). Identify expected completion copy. If this is a licensed child care, post your copy of the est for a correction plan is not an order imposing a sanction or	on / licensing specialist. http://www.expected.completion post your copy of the imposing a sanction or
penalty pursuant to Wis. Stat. 46./15. If the department decides to apply a statutory sanction and / or penalty for notice of the sanction and / or penalty and your appeal rights.	tacts arising from	iding or a tuture tinding	, you will be gr
Name - Certified Operator / Licensed Center Ymca At Pabst Farms Summer Camp	Provide 800055	Provider Number / Facility ID Number 8000558698 / 017 - 1014276	nber
Address - Facility (Street, City, State, Zip Code) 1800 Vettelson Rd Hartland WI 53029	Telephone Number 262-567-9622	Date - Regulation Visit 8/7/2023	Visit
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 252.44(3)(b)2. Equipment Safety Description: The program used a slip-and-slide which required the use	All u-shaped metal stakes were removed from campus to ensure these are not used at camp (sold with the Slip-n-Slide set).		
of U-shaped metal stakes with sharp pointed edges.	Supervisors will ensure equipment is being used with safety first.	8/7/2023	
2 252.44(3)(b)4. Indoor Equipment - Intended Use	Slip-n-Slide removed from camp supplies after accident and disposed of.		
Description: On July 27, 2023, the program used a slip-and-slide on a hill. This was contrary to the manufacturer's instructions / warnings that noted the product was only for home use. Manufacturer instructions also stated a warning not to use on land with a slope greater than 8 degrees, or a 15% grade. The grade of the hill used exceeded 20%. Improper use of the product resulted in ineffective anchoring of the product and a stake impaling a child in the leg.	Further, all items will be reviewed by Camp Supervisor before item is used by camp to ensure it is appropriate equipment and used safely for our youth.	8/7/2023	

DCF-F-CFS0294-E (R.06/2011)

	4/12/
	Date Issued 8/30/2023
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2	
Tele 262	Telephone Number 262-567-9622
	8000558698 / 017 - 1014276
	Provider Number / Facility ID Number



SENT VIA CERTIFIED MAIL AND REGULAR U.S. MAIL

Article No.: 7022 3330 0000 6340 3305

August 30, 2023

Jarrod Thomas C/O Kimberly J Schooley / Glacial Community YMCA Inc YMCA At Pabst Farms Summer Camp 1750 Valley Rd Oconomowoc WI 53066

Re: NOTICE OF ORDER TO STOP VIOLATING STATUTE AND/OR ADMINISTRATIVE RULES, NOTICE OF DIRECT FORFEITURE ASSESSMENT AND APPEAL PROCESS

YMCA AT PABST FARMS SUMMER CAMP FAC. ID# 1014276

Dear Jarrod Thomas / Glacial Community YMCA Inc:

This letter constitutes an order requiring that you, Jarrod Thomas / Glacial Community YMCA Inc, licensee of YMCA At Pabst Farms Summer Camp, stop violating Wisconsin Statutes and Administrative Code for the regulation and licensing of a day camp. This letter identifies the licensing statutory and/or code violations that were identified at YMCA At Pabst Farms Summer Camp, and the sanctions ordered by the Department of Children and Families (the Department) to correct these violations. This letter also imposes a direct forfeiture assessment, identifies additional sanctions and penalties that may result if these violations are not corrected, and informs you of your appeal rights.

The Wisconsin Department of Children and Families, under the authority of Wis. Stat. § 48.715, provides for sanctions and penalties where persons operate a day camp in violation of Chapter 48 or DCF 252. Sanctions and penalties include issuance of orders to stop operating, to correct violations and to submit plans of correction, assessment of forfeitures or revocation of a license. The Department may set forfeiture amounts of \$10.00-\$1,000 per day per violation.

Please note that in accordance with Wis. Stat. § 48.657(2g) and Wis. Admin. Code DCF 251.04(2)(L), the child care center shall post with the license any notice received from the Department relating to rule violations. This notice must be posted in an area of the center that is visible to parents and must remain posted until the licensing specialist has verified the violations as corrected and in compliance at or before the next licensing site visit.

ORDER AND FORFEITURE ASSESSMENT

Licensing Specialist Sarah Stormont conducted an investigation in response to a self-report received on July 28, 2023 and determined statute and/or rule violations endangering the health, safety, and welfare of children in care. The Department orders you, Jarrod Thomas / Glacial Community YMCA Inc, to IMMEDIATELY make corrections and stop violating the following

Division of Early Care and Education Bureau of Early Care Regulation Southeastern Regional Office DCF-F-74-E (R. 12/2020) 141 NW Barstow Street, Room 104 Waukesha, WI 53188-3764 Phone: 262-446-7800 Fax: 262-446-7991 WI Relay System: 711 Wisconsin Statute and Administrative Code requirements. In addition, the Department imposes a direct forfeiture assessment for one or more of the following violations:

 DCF 252.44(3)(b)2.- Equipment Safety states all equipment and furnishings, whether or not owned by the camp, shall be safe, durable, of sturdy construction with no sharp, rough, loose, protruding, pinching, or pointed edges, or areas of entrapment, in good operating condition, and anchored when necessary. Contrary to DCF 252.44(3)(b)2, on July 27, 2023, the program used a slip-and-slide, which required U-shaped metal stakes with sharp pointed edges.

Forfeiture assessed for this violation: \$500

2. 252.44(3)(b)4. - Indoor Equipment - Intended Use states all equipment and furnishings, whether or not owned by the camp, shall be used in accordance with all manufacturer's instructions and any manufacturer's recommendations that may affect the safety of children in care. Contrary to DCF 252.44(3)(b)4, on July 27, 2023, the program used a slip-and-slide on a hill. This was contrary to the manufacturer's instructions/warnings that the product was only for home use. Manufacturer instructions also stated a warning not to use on land with a slope greater than 8 degrees or a 15% grade. The grade of the hill used exceeded 20%. Improper use of the product resulted in ineffective anchoring and a stake impaling a child in the leg.

Forfeiture assessed for this violation: \$500

TOTAL FORFEITURE AMOUNT DUE FOR ALL VIOLATIONS: \$1,000.00

A Noncompliance Statement and Correction Plan is issued with this letter. This is enclosed and incorporated herein by reference.

FORFEITURE PAYMENT

The total forfeiture amount due for all violations identified above is \$1,000.00. You can pay the forfeiture by either accessing the E-Payment module in Child Care Provider Portal at <u>https://mywichildcareproviders.wisconsin.gov</u> or sending payment to the address listed below. Payment should be made payable to the State Treasurer. Send your payment within ten (10) days of the receipt of this notice to the Bureau of Early Care Regulation, Room E-200, 201 E. Washington Ave., Madison, WI 53703. Include the attached remittance notice. Forfeiture payments are deposited in the School Fund.

ADDITIONAL PENALTIES FOR FAILURE TO COMPLY

Failure to correct the violations identified above and any subsequent failure to maintain compliance with the Wisconsin Statute and Administrative Code may lead to additional sanctions and penalties, as set forth in Wis. Stats. § 48.715. Additional sanctions and penalties may include orders to stop operating, to correct violations, to submit plans of correction, forfeiture assessments, or proceedings to revoke a license. The Department may set daily forfeiture amounts ranging from \$10 to \$1000 per day, per violation.

APPEAL RIGHTS AND PROCEDURE

Any person aggrieved by a Department action taken under Wis. Stat. §§ 48.715, 48.68(1) and/or 48.686, has the right to an administrative hearing under Wis. Stat. § 227.42. Pursuant to Wis. Stat. § 48.72, your written request must be sent directly to the Division of Hearings and Appeals no later than ten (10) days from the date of this notice; please attach a copy of this notice to your request for a hearing.

To submit your request for an administrative hearing under Wis. Stat. § 227.44:

Send your request via U.S. Mail:	Hand deliver your request:	Send your request via Facsimile:
Division of Hearings and Appeals P.O. Box 7875 Madison, WI 53707-7875	Division of Hearings and Appeals 4822 Madison Yards Way Madison, WI	Division of Hearings and Appeals (608) 264-9885

Contact Licensing Specialist Sarah Stormont at 262-666-4419 if you have questions regarding this notice.

Sincerely,

z hultuk

Mary Schultek, Licensing Supervisor Bureau of Early Care Regulation **DIVISION OF EARLY CARE AND EDUCATION**

Attachment: Noncompliance Statement

cc: Joey Roeth, Attorney, DCF Office of Legal Counsel Randall Gasser, Regional Licensing Manager Sarah Stormont, Licensing Specialist Bureau of Child Care Subsidy Administration Waukesha Co 4C for Children Department of Public Instruction Wisconsin Early Care Association Southeastern Regional Office Staff

(Return this remittance slip with payment)

REMITTANCE SLIP

FACILITY ID NUMBER: 1014276

FACILITY NAME AND ADDRESS

REGIONAL OFFICE

Southeastern

YMCA At Pabst Farms Summer Camp 1800 Vettelson Rd Hartland, WI 53029

LICENSING SPECIALIST Sarah Stormont

AMOUNT DUE \$1,000.00

Make check payable to **State Treasurer**. Please return this remittance slip with your payment within 10 days of receipt of this letter to:

Bureau of Early Care Regulation <u>Attention: Uniqua Flowers</u> 201 E. Washington Ave., Room E-200 Madison, WI 53703 Attachment "A"

Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
9/13/2023	PLAN	262-446-7800

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.

e - Certified Operator / Licensed Center		Provider Number / Facility ID Nu	mber
a At Pabst Farms Summer Camp		8000558698 / 017 - 1014276	
ess - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation	Visit
Vettelson Rd Hartland WI 53029	262-567-9622	8/7/2023	
Rule/Statute Number	Correction Plan	Expected	Verification
Noncompliance Statement		Completion Date	Date
252.44(3)(b)2. Equipment Safety			
Description: The program used a slip-and-slide which required the use of U-shaped metal stakes with sharp pointed edges.			
252.44(3)(b)4. Indoor Equipment - Intended Use			
Description: On July 27, 2023, the program used a slip-and-slide on a hill. This was contrary to the manufacturer's instructions / warnings that noted the product was only for home use. Manufacturer instructions also stated a warning not to use on land with a slope greater than 8 degrees, or a 15% grade. The grade of the hill used exceeded 20%. Improper use of the product resulted in ineffective anchoring of the product and a stake impaling a child in the leg.			
	At Pabst Farms Summer Camp ess - Facility (Street, City, State, Zip Code) Vettelson Rd Hartland WI 53029 Rule/Statute Number Noncompliance Statement 252.44(3)(b)2. Equipment Safety Description: The program used a slip-and-slide which required the use of U-shaped metal stakes with sharp pointed edges. 252.44(3)(b)4. Indoor Equipment - Intended Use Description: On July 27, 2023, the program used a slip-and-slide on a hill. This was contrary to the manufacturer's instructions / warnings that noted the product was only for home use. Manufacturer instructions also stated a warning not to use on land with a slope greater than 8 degrees, or a 15% grade. The grade of the hill used exceeded 20%. Improper use of the product resulted in ineffective	a At Pabst Farms Summer Camp ess - Facility (Street, City, State, Zip Code) Vettelson Rd Hartland WI 53029 Telephone Number 262-567-9622 Rule/Statute Number Noncompliance Statement Correction Plan 252.44(3)(b)2. Equipment Safety Description: The program used a slip-and-slide which required the use of U-shaped metal stakes with sharp pointed edges. Signature 252.44(3)(b)4. Indoor Equipment - Intended Use Description: On July 27, 2023, the program used a slip-and-slide on a hill. This was contrary to the manufacturer's instructions / warnings that noted the product was only for home use. Manufacturer instructions also stated a warning not to use on land with a slope greater than 8 degrees, or a 15% grade. The grade of the hill used exceeded 20%. Improper use of the product resulted in ineffective	a At Pabs Farms Summer Camp 8000558698 / 017 - 1014276 ses - Facility (Street, City, State, Zip Code) Date - Regulation Vetlelson Rd Hartland WI 53029 B47/2023 Rule/Statute Number 262-567-9622 8/7/2023 Rule/Statute Number Correction Plan Expected Noncompliance Statement Correction Plan Expected 252.44(3)(b)2. Equipment Safety Description: The program used a slip-and-slide which required the use of U-shaped metal stakes with sharp pointed edges. Image: Correction Plan Expected 252.44(3)(b)4. Indoor Equipment - Intended Use Image: Correction Plan Image: Correction Plan Image: Correction Plan Description: On July 27, 2023, the program used a slip-and-slide on a hill. This was contrary to the manufacturer's instructions / warnings that noted the product was only for home use. Manufacturer instructions also stated a warning not to use on land with a slope greater than 8 degrees, or a 15% grade. The grade of the hill used exceeded 20%. Improper use of the product was only for home use of the product was only for home use of the product was only for home use of the product may correct of the product may of the product ma

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Nu	mber
Ymca At Pabst Farms Summer Camp		8000558698 / 017 - 1014276	
Address - Facility (Street, City, State, Zip Code) 1800 Vettelson Rd Hartland WI 53029	Telephone Number 262-567-9622	Date - Regulation 8/7/2023	Visit
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
ME - Agency Worker arah Stormont		Date Issued 8/30/2023	

Date Signed



Your last visit was Tue 08/15/2023 05:04 PM CDT

Confirmation

You must click the "Continue" button below in order to return to the state agency's website.

Please keep a record of your Confirmation Number, or print this page for your records.

Confirmation Number WS2CCE010672890

Payment Details

Description WI Child Care - New Repayment DCF Child Care Payments https://mywichildcareproviders.wisconsin.gov/

Payment Amount \$1,000.00

Payment Date 09/08/2023

Status SCHEDULED

Provider Name GLACIAL COMMUNITY YMCA INC

Facility Name YMCA AT PABST FARMS SUMMER CAMP

Provider Location Number 8000558698-17

Payment Method

Account Nickname Ixonia Checking

Bank Routing Number 075909408

Bank Name IXONIA BANK

Bank Account Number *3438

Bank Account Type Checking

Bank Account Category Consumer

Confirmation Email KRush@glcymca.org