Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/28/2026		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.

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Ymca Summer Day Camp Parklawn		8000558698 / 026 - 2003407	
Address - Facility (Street, City, State, Zip Code) 300 Parklawn St Oconomowoc WI 530663528	**Telephone Number** 262-370-6824	**Date - Regulation Visit** 7/9/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(4)(a)6.f. **Child Record - Health History - Medical Condition Symptoms** Description: Children 2, 5, and 6, listed as having medical conditions, did not have complete information required for providing care, including triggers that may cause problems, signs or symptoms to watch for, steps the child care provider should follow, staff who were given specialized training, when to call the parents, and when the condition requires emergency care.	Information has been sent to parents requesting further information to be completed by 7/27/26 and review of information with staff members upon receipt of information	7/27/26	
2	252.44(6)(e)1.a. **Medication Administration - Parental Authorization** Description: Parent authorizations for three medications at the camp did not include the timeframe of the authorization.	Timeframes will be added to medication authorization paperwork	7/27/26	

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3	252.44(6)(e)1.b. **Medication Administration - Container & Label** Description: All medications were not labeled with the child's name.	All medications will be checked for names and labeled accordingly.	7/27/26	
4	252.44(6)(g)4. **Medical Log - Review** Description: The medical log book did not have documentation a review of injuries occurred in June 2026.	medical log book was reviewed on 7/13/26 and will be reviewed monthly during the camp season.	7/13/26	

NAME - Agency Worker
Cindy Matuszak

Date Issued
7/13/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Kimberly J Schaefer

Date Signed
7/21/26