

Date Correction Plan Due 9/3/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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.

Name - Certified Operator / Licensed Center Ymca Of Dodge County Summer Day Camp		Provider Number / Facility ID Number 9000556279 / 026 - 2005420	
Address - Facility (Street, City, State, Zip Code) 220 Corporate Dr Beaver Dam WI 539163115		Telephone Number 920-887-8811	Date - Regulation Visit 8/12/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 252.41(1)(L)1.a. Monitoring Results Posted Description: The current licensing statement of compliance was not posted.	<i>Will Post Most up to date Compliance / non-compliance Statement of Parent Board.</i>	8/22/24	
2 252.44(5)(d)1. Menus - Posted & Accessible Description: The August menu was not posted and accessible to parents when the July menu was posted and staff reported that the August menu wasn't created yet.	<i>An updated menue that is emailed to parents will be posted on the menu board.</i>	8/22/24	

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3 252.44(6)(e)1.a. Medication Administration - Parental Authorization Description: The medical authorizations did not include medication intervals and length of authorization when there were two medical authorization forms that had blanket authorizations.	Will contact families through in person, phone, or written communication to update / complete the authorization forms	8/26/24	

NAME - Agency Worker
Kimberly Liebhart

Date Issued
8/20/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed