Date Correction Plan Due 9/29/2025	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	**TO FILE A COMPLAINT CALL** 608-422-6765

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 Of Dodge County Summer Day Camp		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** 8/14/2025

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(5)(a)3. **Parent Notification - Injury, Consumption Of Allergen, Incorrect Medication** Description: On 08/07/2025, parents of a 5 year old child were notified that their child received an injury on a outdoor climbing structure. However, the parents were not notified that their child experienced a head injury.	We will formulate a better plan to make sure all details of incidents are being relayed to parents. and documented	5/31/26	
2	252.425(1)(a) **Supervision Of Children** Description: Each child was not supervised at all times to guide the child's behavior and activities, prevent harm and ensure safety when a Camp Counselor reported that a 5 year old child was in the bathroom in the locker room when their assigned group and Camp Counselor had left the locker room, leaving the child unsupervised.	We will ensure that counselors are actively supervising all children in their assigned group even if other groups counselors are in the space with their children. Will make sure it is reiterated in camp training 2026.	5/31/26	

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3	252.43(1)(f) **Base Camp Premises & Structures - Condition, Maintenance, Safe** Description: The structure used by children on the base camp premises was not safe when a 5 year old child fell from a climbing structure that has 6.5 inches of wood chips under the fall zone. According to the manufacturer's recommendations, 9-12 inches of loose fill materials are required around the structure for an energy absorbing surface. Repeat violation: Previously cited on 7/29/2025	We will get more wood chips to make sure landing zones are in compliance per recommendations	5/31/26	

NAME - Agency Worker
Kimberly Liebhart

Date Issued
9/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee
[signature]

Date Signed
9/15/25