

Date Correction Plan Due 8/4/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-361-7700
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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 Day Camp		Provider Number / Facility ID Number 7000573797 / 008 - 1011438		
Address - Facility (Street, City, State, Zip Code) 2003 E Winnebago St Rhinelander WI 545018876		Telephone Number 715-362-9622	Date - Regulation Visit 6/27/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(1)(p) Delegation Of Administrative Authority Description: An updated delegation was requested with change of director and was not received.	Updated delegation no longer needed as previous director is still overseeing day camp. Director that was put in place to prompt the change of director is no longer in that position.	6/29/25	
2	252.42(1)(a)3. Staff File - Background Check Results Description: Staff D and F did not have a DCF approved background check on file. The staff had free access throughout camp and worked with children under the supervision of counselors. Repeat violation: Previously cited on 6/25/2024	Staff D & F are counselors in training and under 18. They have been added to the portal and will be added in the future for all Camp Employees.	7/27/25	

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3	252.42(1)(a)5. Staff File - Days & Hours Worked Description: Staff are not documenting the days and hours worked when in ratio.	Clipboards with ratio sign in sheets have been given to each group and are collected at the end of each week. Ratio sheets are kept on file.	7/22/25	
4	252.42(1)(a)6. Staff File - High School Diploma Or Equivalent Description: Staff C and G do not have record of a high school diploma or its equivalent on file.	Staff C & G have graduated high school. Copies have been requested and a checklist has been put in place to ensure all documents are obtained prior to working in ratio	8/1/25	
5	252.42(3)(a) Pre-Camp Training Plan - Submit, Implement Description: The Pre-camp training plan was not submitted to the department prior to the start of camp and after multiple requests.	Pre-camp training has been submitted to the Department. A calendar reminder has been set to send pre-camp training prior to start of Camp 2026	7/22/25	
6	252.42(3)(c)1. Parent / Volunteer Pre-Camp Training - Hours Description: Staff D did not have record of orientation on file.	Staff D was at orientation. Checklist will be used to ensure all paperwork is obtained during training prior to working in ratio	8/1/25	

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7 252.42(3)(e) Cardiopulmonary Resuscitation Training Description: Staff C did not have record of CPR on file.	Staff C's first aid cert has been added to their file. CPR Cert is present on the implemented checklist.	8/1/25	
8 252.43(1)(h) Painted Surfaces - Lead Free & Maintained Description: Multiple picnic tables for child use have deteriorating and flaking paint.	Tables will be either repainted or removed.	8/15/25	
9 252.43(3m)(fm) Safe Food Description: A box in the pantry contained several bunches of overly ripe bananas. Some of the bananas were growing mold.	Box was disposed of immediately. Staff were re-trained at a team meeting on safe food practices.	7/22/25	
10 252.44(6)(e)1.a. Medication Administration - Parental Authorization Description: The parent authorization to administer for one medication contained a blanket authorization and did not list specific dates and times to administer.	All medication authorizations were reviewed and adjusted or re-filled out. This one lists specific dates and times.	7/22/25	

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11	252.44(6)(e)3m. Medication - Administer As Labeled Description: Per staff interview, a child was not given medication as authorized by the parent or as prescribed on the label for three days because they did not know the child had medication at camp.	Allergy list and medication list were reviewed and gone over with staff. Files will be closely reviewed for summer 2026 and medication needs documented prior to attendance	7/21/25
12	252.44(6)(e)4. Medication Storage - Current Authorization Description: One medication did not have a parent authorization to administer on file. One medication expired on 11/30/2024. Repeat violation: Previously cited on 6/28/2023	Expired medication was replaced. Parent authorization was obtained. See above note for closely reviewing medications for summer 2026.	7/21/25
13	252.44(6)(g)3.c. Medical Log - Medication Administration Description: Per staff interview and review documentation, staff have been administering medication since the start of camp and are not documenting it in the medical log book.	Retrained staff on med log book requirements & reviewed med log books to verify procedure is being followed.	7/21/25

NAME - Agency Worker
Heather Struck

Date Issued
7/21/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



7/24/25