

Date Correction Plan Due 11/22/2024	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.

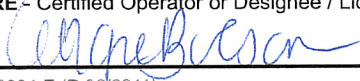
Name - Certified Operator / Licensed Center Ymca Day Camp - Janesville		Provider Number / Facility ID Number 9000555769 / 003 - 140023	
Address - Facility (Street, City, State, Zip Code) 221 Dodge St Janesville WI 535483885		Telephone Number 608-754-9622	Date - Regulation Visit 10/25/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	252.42(1)(a)4. Staff File - Pre-Camp Training Description: Staff B did not have documentation on file of having completed 24 hours of pre-camp training.	Staff B was completed pre-camp training and documentation in file.	11/18/24
2	252.42(3)(e) Cardiopulmonary Resuscitation Training Description: Staff B did not have documentation of a current certificate of completion for child and adult CPR and AED training prior to working with children in care.	Staff B completed CPR training on 11/15/24	11/15/24

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	252.44(7)(c)1. Assessment Of Swimming Ability Description: Child 1 and 2 did not have documentation of an assessment of swimming ability on file.	Swimming ability was added to all child files	11/8/24	

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
11/8/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

11/18/24