

NONCOMPLIANCE STATEMENT AND CORRECTION PLAN

TO FILE A COMPLAINT CALL
608-422-6765

Date Correction Plan Due
7/29/2025

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)(f) 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 Day Camp - Janesville 9000555769 / 008 - 2006454

Address - Facility (Street, City, State, Zip Code) **Telephone Number**

54 S Jackson St Janesville WI 535483837 608-754-9622

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 252.42(1)(a)3. Staff File - Background Check Results</p> <p>Description: Staff A did not have current documentation of an eligible background check at the time of the visit. Repeat violation: Previously cited on 7/3/2024</p>	<p><i>Staff received background check and there is now documentation on file.</i></p>	<p><i>7/10/25</i></p>	
<p>2 252.42(3)(e) Cardiopulmonary Resuscitation Training</p> <p>Description: Staff C did not have documentation of having completed CPR/AED training prior to working with children in care as required.</p>	<p><i>Staff C received CPR and more is now documentation on file.</i></p>		

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54 S Jackson St Janesville WI 535483837

Telephone Number
608-754-9622

Date - Regulation Visit
7/8/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>3 252.44(6)(g)4. Medical Log - Review</p> <p>Description: The director or the director's designee did not review the medical log book every 6 months as required when the last documented review was dated 7/27/23. Additionally, pages in the Sunshine room medical log were not numbered as required.</p>	<p>The mtd log was removed 7/8/25. pages were numbered 7/8/25.</p>	<p>7/8/25</p>	

NAME - Agency Worker
Sara Bossingham Obrien

Date Issued
7/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
7/18/25