

Date Correction Plan Due 7/16/2024	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		Provider Number / Facility ID Number		
Camp Jorn Ymca Day Camp		9000582899 / 002 - 1015321		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
13591 Zenner Ln Manitowsh Wtr WI 545452301		715-543-8808	6/25/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.42(1)(a)5. Staff File - Days & Hours Worked Description: Per review of group sign in sheets, staff are not writing their name on the sheet next to the time they signed in and out of working in ratio.	At the start of each session staff will be reminded to write their name in the correct place on the name-to-face sheet, next to the time in/out section. The NF sheet will be updated for easier usage. All staff sign in/out on their individual time cards & do not switch groups, ratio is accurate	12 July 2024	

NAME - Agency Worker
Kirsten Kronberger

Date Issued
7/2/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

7/10/2024