

<b>Date Correction Plan Due</b> 9/3/2024	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

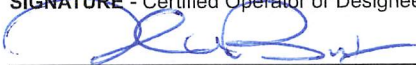
<b>Name - Certified Operator / Licensed Center</b> Camp Jorn Ymca Day Camp		<b>Provider Number / Facility ID Number</b> 9000582899 / 002 - 1015321		
<b>Address - Facility (Street, City, State, Zip Code)</b> 13591 Zenner Ln Manitowsh Wtr WI 545452301		<b>Telephone Number</b> 715-543-8808	<b>Date - Regulation Visit</b> 8/9/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	252.42(1)(a)3. <b>Staff File - Background Check Results</b>  Description: Staff A, a volunteer working at the camp in a caregiver role, did not have a completed DCF background check.  Repeat violation: Previously cited on 8/16/2023, 11/30/2022, 8/22/2022	Camp Jorn will follow the caregiver role chart, provided to us in August, to assess who is a caregiver for Day Camps. All caregivers will complete DCF background checks.	8/23/2024	
2	252.42(1)(a)5. <b>Staff File - Days &amp; Hours Worked</b>  Description: Per review of sign-in sheets, staff are not accurately documenting when they are counted in ratio. Two staff were not signed in and one staff had pre-signed out their end time for later in the day.  Repeat violation: Previously cited on 6/25/2024	The Day Camp Director or Program Director will monitor the sign-in sheets daily and train the staff about the importance of ratio and time details in the sign-in sheets.	8/23/2024	

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3	252.44(6)(e)4. <b>Medication Storage - Current Authorization</b>  Description: Child 1 had an inhaler on site without written authorization from a parent to administer. Child 2 had Desonide ointment on site without written authorization from a parent to administer.	Camp Jorn will have written authorization from a parent for all medications on camp/site.	8/24/2024

NAME - Agency Worker  
Kirsten Kronberger, Dezarae Wierzba

Date Issued  
8/20/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

9/1/2024