

Compliance Statement
Licensed Day Camps for Children

TO FILE A COMPLAINT, CALL: (715) 361-7700

Use of Form Completion of this form meets the requirements of ch. 48, Wis. Stats., and provides the licensee with a summary of the results of the licensing visit.

Instructions - Licensing Specialist When no violations are observed during a visit, check the sections of the administrative code monitored. If you didn't monitor the entire section, you may also reference the specific subsections, paragraphs, and subdivisions that were completed.

Instructions - Licensee Post the Compliance Statement near the license in accordance with s.48.657, Wis. Stats. Please take a few minutes to complete the DCF customer satisfaction survey and tell us about your visit experience. The survey takes approximately 5 minutes to complete. It is voluntary and anonymous, and there is no penalty for not responding. Follow this link to provide your feedback: <https://www.surveymonkey.com/r/LicenseFeedback>. If you don't have Internet access, contact your licensing office for a paper version of the survey.

Day Camp Name Camp Jorn Ymca Day Camp	Day Camp Address (Street, City, State, Zip Code) 13591 Zenner LN Manitowsh Wtr, WI 545452301	Telephone Number (715) 543-8808	Facility ID 1015321
--	---	------------------------------------	------------------------

NO ADMINISTRATIVE CODE VIOLATIONS WERE OBSERVED DURING THIS LICENSING VISIT.

The following checked items indicate the sections and / or partial sections of the administrative code that were monitored on this visit.

<input checked="" type="checkbox"/>	Non-Discr, Confidentiality & Reporting Child Abuse 3-Report Abuse or Neglect	<input type="checkbox"/>	Pets and Other Animals NA
<input checked="" type="checkbox"/>	Transportation NA	<input checked="" type="checkbox"/>	Operational Requirements 1-Administration 2-Reports 4-Children's Records
<input checked="" type="checkbox"/>	Personnel 1-Staff Records 3-Staff Training	<input checked="" type="checkbox"/>	Supervision and Grouping of Children 1-Supervision 2-Grouping
<input checked="" type="checkbox"/>	Base Camp and Facilities 1-Site/Building 2-Safety 3-Emergency plans and drills	<input checked="" type="checkbox"/>	Program 2-Guidance 3-Equipment 5-Meals and snacks 6-Health

Licensing Specialist Name Dezarae Wierzba	Visit Date 7/7/2025	Issue Date 8/8/2025
--	------------------------	------------------------