

Date Correction Plan Due 9/3/2025	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 Ymca Day Camp Glacier Hollow		Provider Number / Facility ID Number 1000559711 / 020 - 1009337		
Address - Facility (Street, City, State, Zip Code) 9289 Pavelski Rd Amherst Jct WI 544079555		Telephone Number 715-952-9363	Date - Regulation Visit 7/31/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.42(1)(a) Staff File - Maintenance & Availability Description: Staff J did not have a staff file.	<i>Ensure all staff, regardless of role have a file.</i>	<i>6/1/26</i>	
2	252.42(1)(a)1. Staff File - Personal Information Description: Staff F did not have record of personal information on file.	<i>Ensure all staff regardless of role, have a staff file.</i>	<i>6/1/26</i>	

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3 252.42(1)(a)3. Staff File - Background Check Results Description: Staff J did not have a background check completed prior to working with children and Staff D had a background check that expired in June 2024.	Ensure all staff, regardless of role are up-to-date on background checks.	6/1/26		
4 252.42(1)(a)5. Staff File - Days & Hours Worked Description: Staff are not documenting days and hours worked when counted in counselor-to-child ratio.	Ensure staff are documenting hours in provided group binders.	6/1/26		
5 252.42(1)(a)6. Staff File - High School Diploma Or Equivalent Description: Staff B did not have record of a high school diploma on file.	Ensure documents are collected during onboarding process.	6/1/26		
6 252.43(1)(h) Painted Surfaces - Lead Free & Maintained Description: The painted windowsill outside of the health office is peeling and accessible to children.	Repair peeling paint.	6/1/26		

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7 252.43(2)(b) Accessible Toxic Substances, Power Tools Description: A box of matches was unattended and sitting on a bench next to the fire pit.	Ensure all tools and supplies are put away after use.	6/1/26	
8 252.43(5)(h) Sanitary Toilet & Sink Facilities Description: Urine was observed covering the toilet seats in the boy's bathroom. Toilet paper was scattered all over the floor. The bathroom smelled of urine and was visibly dirty.	Perform bathroom walkthroughs multiple times per day to ensure cleanliness	6/1/26	
9 252.44(6)(e)1.a. Medication Administration - Parental Authorization Description: Two medications were authorized as needed and did not include specific intervals to administer. Repeat violation: Previously cited on 7/18/2024	Ensure medication forms are filled out correctly	6/1/26	
10 252.44(6)(e)4. Medication Storage - Current Authorization Description: One medication was expired.	Ensure all expired medication is returned immediately	6/1/26	

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11	252.44(7)(b)1.a. Waterfront Supervisor- Age Description: Per staff interview, Staff J acts as the equally qualified waterfront supervisor and Staff J does not meet the age requirements for waterfront supervisor.	Ensure adult with lifeguard is on beach at all times	6/1/26

NAME - Agency Worker
Heather Struck, Brooke Lampe

Date Issued
8/20/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
8/20/25