DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 9/9/2026	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 715-361-7700

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**	
Ymca Day Camp Glacier Hollow		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** 7/29/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.09(4)(b) **Driver Orientation - Requirement** Description: Staff A was observed transporting children on 07/29/26 and did not have record of driver orientation on file.	Drivers will have a record of driver orientation on file.	6-7-2027	
2	252.09(4)(c)1. **Driver Record - Obtain & Review** Description: Staff A was observed transporting children on 07/29/26 and did not have a current copy of the driver record on file.	Drivers will have a current copy of their driving record on file.	6-7-2027	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	252.09(5)(b) **Vehicle Inspection Report** Description: A vehicle inspection report was not of file for the YMCA van used to transport children on 07/29/26.	A vehicle inspection report will be on file for all YMCA vehicles.	6-7-2027	
4	252.41(1)(e)2. **Insurance Coverage - Vehicle Liability** Description: Vehicle liability insurance was not on file prior to transporting children in a YMCA van on 07/29/26.	Vehicle liability insurance will be on file.	6-7-2027	
5	252.41(2)(o) **Report - Change In Transportation Services** Description: Staff A was observed transporting six children in a YMCA van on 07/29/26 and the department was not notified of a change in transportation services five calendar days prior to the change.	The YMCA will notify the department if transportation services change.	6-7-2027	

NAME - *Agency Worker*
Heather Struck

Date Issued
8/26/2026

SIGNATURE - *Certified Operator or Designee / Licensee or Designee*

Date Signed
9/16/26