

Compliance Statement
Licensed Day Camps for Children

TO FILE A COMPLAINT, CALL: (920) 785-7811

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 Y Koda At Maywood	Day Camp Address (Street, City, State, Zip Code) 3615 Mueller RD Sheboygan, WI 530832610	Telephone Number (920) 467-6882	Facility ID 2002889
---	---	------------------------------------	------------------------

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 Discrimination prohibited, confidentiality, reporting child abuse	<input checked="" type="checkbox"/>	Pets and Other Animals N/a
<input checked="" type="checkbox"/>	Transportation N/a	<input checked="" type="checkbox"/>	Operational Requirements Administration, repots, child records, parents,
<input checked="" type="checkbox"/>	Personnel Staff records, camp staff, staff training, health	<input checked="" type="checkbox"/>	Supervision and Grouping of Children Supervision, Grouping
<input checked="" type="checkbox"/>	Base Camp and Facilities Site/building, protective measures, emergency plans and drills, snack, water, washrooms	<input checked="" type="checkbox"/>	Program Planning and implementation, child guidance, equipment and furnishings, rest, snacks, health, swim

Licensing Specialist Name Amanda Holz	Visit Date 6/25/2024	Issue Date 8/14/2024
--	-------------------------	-------------------------