

Date Correction Plan Due 12/2/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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.

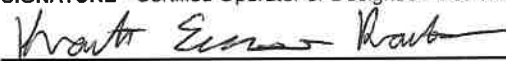
Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each 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 Camp Y-Koda		Provider Number / Facility ID Number 8000557178 / 005 - 440011	
Address - Facility (Street, City, State, Zip Code) W3340 Sunset Rd Sheboygan Falls WI 53085		Telephone Number 920-467-6882	Date - Regulation Visit 10/7/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	252.44(6)(e)3m. Medication - Administer As Labeled Description: Based upon self report, on August 30, 2024, a camp counselor administered medication to an 8-year-old child, who was not prescribed nor authorized to receive it. The counselor(s) removed the medications from the office to distribute them at the pavilion. When the camp counselor called a child by first name only to receive the medication, a child who shares the same first name was given the medication. This child ingested the medication. The error was unknown until the child who is prescribed the medication told their parent(s) no meds were given.	All medication will remain and to be administered inside the office. Medication will be administered by an authorized staff person who is age 18 or older.	12-5-24

NAME - Agency Worker
Amanda Holz

Date Issued
11/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

12-5-2024