

**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.

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|---|---|------------------------------------|------------------------|
| Day Camp Name<br>Camp Y Koda At Maywood | Day Camp Address (Street, City, State, Zip Code)<br>3615 Mueller RD Sheboygan, WI 530832610 | Telephone Number<br>(920) 467-6882 | Facility ID<br>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"/> | <b>Non-Discr, Confidentiality &amp; Reporting Child Abuse</b><br>Discrimination, confidentiality, report abuse and neglect  | <input checked="" type="checkbox"/> | <b>Pets and Other Animals</b><br>n/a  |
| <input checked="" type="checkbox"/> | <b>Transportation</b><br>n/a  | <input checked="" type="checkbox"/> | <b>Operational Requirements</b><br>administration, reports, child records, parents              |
| <input checked="" type="checkbox"/> | <b>Personnel</b><br>Staff records, camp staff, staff training, health   | <input checked="" type="checkbox"/> | <b>Supervision and Grouping of Children</b><br>supervision and grouping                         |
| <input checked="" type="checkbox"/> | <b>Base Camp and Facilities</b><br>site/building, safety, food pre and service, water, washroom, emergency plans and drills | <input checked="" type="checkbox"/> | <b>Program</b><br>planning, tools, field trips, child guidance, equipment, meals/snacks, health |

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|--|------------------------|------------|
| Licensing Specialist Name<br>Amanda Holz | Visit Date<br>7/2/2025 | Issue Date |
|--|------------------------|------------|