Date Correction Plan Due 12/1/2025	**NONCOMPLIANCE STATEMENT AND CORRECTION PLAN**	TO FILE A COMPLAINT CALL 920-785-7811

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**	
Camp Y-Koda Nature Based Child Care		8000557178 / 012 - 2008083	
Address - Facility (Street, City, State, Zip Code) W3340 Sunset Rd Sheboygan Fls WI 530852218	**Telephone Number** 920-467-6882	**Date - Regulation Visit** 11/14/2025	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Based upon record review two children enrolled in care longer than 30 days did have documentation of immunization history compliance on file.	Camprain has been updated to make sure all families must complete this info	12/9/25	
2	251.05(2)(a)8. **Staff Record - Orientation** Description: Based upon record review StaffC did not have an oreintation applicable to group child care on file.	Orientations have been update for staff ~~to~~ each site	12/9/25	

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3	251.06(11)(b)7. **Outdoor Play Space - Enclosure** Description: Based upon measurement the enclosure was not four feet in heighth, but measured on the south portion of the enclosure three feet eight inches.	Enclosure hardware will be readjusted by Becker fence	2/1/26	
4	251.06(2)(gm) **Premises - Well Drained, Clean, In Good Repair** Description: Based upon observation, the heat vents in the bathrooms were not in good repair due to rust and corrosion.	Heat vents will be replaced once they arrive	1/1/26	
5	251.06(2)(i) **Deteriorating Paint** Description: Based upon observations, the paint in lobby had deteriorate paint next the male bathroom.	the lobby will be repainted over holiday break	1/1/26	
6	251.06(3)(b)4. **Emergencies - Record Of Fire / Tornado Drills** Description: Based on record review, fire drills were missed for September and October.	Drills are scheduled by online calendar	1/1/26	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date

NAME - Agency Worker
Amanda Holz, Dao Xiong

Date Issued
11/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
12/9/2025