

Date Correction Plan Due 12/1/2025	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 Camp Y-Koda Nature Day Care Center At Maywood		Provider Number / Facility ID Number 8000557178 / 011 - 2005748	
Address - Facility (Street, City, State, Zip Code) 3615 Mueller Rd Sheboygan WI 530832610		Telephone Number 920-467-6882	Date - Regulation Visit 11/6/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	251.055(1)(a) Supervision Of Children Description: Based upon observation a child left the classroom to use the restroom out of sight and sound supervision. Based upon observation, a child left the classroom and entered the hallway out of sight and sound supervision while nap mats were being placed.	Children will use the restroom as a group when only one staff person is scheduled	12/9/25
2	251.07(6)(dm)4. Medical Log - Reviewing Injury Records Description: Based upon record review the medical log book was not reviewed within the most recent six months.	Associate Director that is on site full time will review log books for both classrooms	12/9/25

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		Telephone Number 920-467-6882	Date - Regulation Visit 11/6/2025
Rule/Statute Number	Correction Plan	Expected Completion Date	Verification Date
Noncompliance Statement			

NAME - Agency Worker
Amanda Holz

Date Issued
11/17/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



12/9/2025