Date Correction Plan Due 3/9/2026	**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** 2/17/2026	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	251.04(6)(a)6m. **Child Record - Immunization History** Description: Children #3 and #7 did not have documentation on file that indicates the child's immunization history. Repeat violation: Previously cited on 11/14/2025	This was corrected in CampBrain to include imm. forms prior to reg	completed 3/9	
2	251.04(6)(a)8.b. **Child Record - Physical Exam - Over 2, Under 5** Description: Children #1 and #3 did not have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center, and a follow-up health examination at least once every 2 years thereafter.	Registarz now knows to print these forms	10/15 — they were just not printed	

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** 2/17/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.06(11)(b)7. **Outdoor Play Space - Enclosure** Description: Based upon measurement the enclosure was not four feet in height, but measured on the right side of the gate portion of the enclosure 47 inches. Repeat violation: Previously cited on 11/14/2025	Becker fence will add extension to corner that it measured short	4/15/25	

NAME - Agency Worker
Erin Taylor

Date Issued
2/23/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
3/9/2026