Date Correction Plan Due
7/8/2019

NONCOMPLIANCE STATEMENT AND CORRECTION
PLAN

TO FILE A COMPLAINT CALL
608-422-6765

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.

Nam	e - Certified Operator / Licensed Center	Prov	Provider Number / Facility ID Number	
Smo	okey Hollow Day Camp	000566995 / 002 - 1014098		
	ress - Facility (Street, City, State, Zip Code) 935 Mcgowan Rd Lodi WI 53555	- Telephone Number 608-635-4805	Date - Regulation Visit 6/19/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.43(3)(e)1. Sink & Toilet Availability Description: Handwashing facilities were not provided and access to children when, at 10:30 am, a child finished using the toilet, ent the classroom, and reported he could not wash his hands as the handwashing station had not been set up.	1 22 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 1 2 1	7/5/19	r P
2	252.43(3)(e)2. Towels Availability Description: Single-use disposable towels were not available to children when the handwashing station was not set up.	With the hand washing station, Paper towels are provided.	7/5/19	

Name - Certified Operator / Licensed Center Smokey Hollow Day Camp		Provider Number / Facility ID Number / 5000566995 / 002 - 1014098		
Address - Facility (Street, City, State, Zip Code) N9935 Mcgowan Rd Lodi WI 53555	Telephone Number 608-635-4805	Date - Regulation Visit 6/19/2019		
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
252.44(7)(am)4. Water Activity Areas - Controlled Access & Clearly Marked Description: The side of the pond closest to the base camp did not have a visible barrier that controls access to the pond so that children cannot enter the area without the knowledge of waterfront staff. On the day of the visit, there was no barrier guiding children to enter at the shallow end of the pond where waterfront staff are stationed. Repeat violation: Previously cited on 7/27/2018	A snow fence Was put up.	7/5/19		

NAME - Certification Worker / Licensing Specialist Chelsey Thill	Date Issued 6/24/2019
SIGNATURE - Certified Operator or Designee / Licensee or Designee	Date Signed 7/5/19
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DCF-F-CFS0294-E (R.06/2011)