DCF-F-CFS0294-E	(R.06/2011)
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Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION	TO FILE A COMPLAINT CALL
7/12/2023	PLAN	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	me - Certified Operator / Licensed Center Provider Number / Facility ID Number			nber
Vikir	ng Day Camp	7000590147 / 001 - 2005069		
	ess - Facility (Street, City, State, Zip Code) 5 Mccomb Rd 102 Stoughton WI 535893776	Telephone Number 608-886-0140	Date - Regulation Visit 6/22/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(2)(d) <b>Report - Change In Camp Director</b> Description: A change in day camp director was not reported within 7 days of the change.	Our Delegation of Authority list was emailed on 7/10/23.	07/10/2023	
2	252.44(6)(g)1. <b>Medical Log - Maintenance</b> Description: The medical logbook pages were not numbered.	Add page numbers to Medical Log. Document all incidents with enrolled children. This includes the Administration of Medications.	07/15/2023	

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Nam	e - Certified Operator / Licensed Center	Provide	er Number / Facility ID Nu	mber
Viki	ng Day Camp	700059	90147 / 001 - 2005069	
Address - Facility (Street, City, State, Zip Code) 2125 Mccomb Rd 102 Stoughton WI 535893776		Telephone Number 608-886-0140	Date - Regulation Visit 6/22/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	<ul> <li>252.44(6)(g)3.c.</li> <li>Medical Log - Medication Administration</li> <li>Description: The camp did not log in the medical logbook medications being dispensed to a child.</li> </ul>	As mentioned above, any child any medication that is administered to a child during the day, by a Viking Day Camp staff, will also be reported in the Medical Log.	07/15/2023	
4	252.44(7)(b)1.b. <b>Waterfront Supervisor - Life Guard Certification</b> Description: The camp did not have waterfront supervisor with a current certification as a lifeguard.	Originally our staff, Bryan Santos, was going to get certified as a life guard. Due to some limitations he was not able to complete the course. For any future water field trips that are scheduled we will be using one of Spartan's certified lifeguards.	07/12/2023	
5	252.44(7)(b)3. <b>Waterfront Supervisor On Duty</b> Description: The camp did not have a waterfront supervisor or an equally qualified person on duty during field trips to water activities.	We have since designated Bryan Santos to this position for water field trips when lifeguards that are present. Otherwise this position would be held by the Spartan staff that is certified.	07/12/2023	
6	252.44(7)(b)5. <b>Waterfront Check-In / Check-Out Procedure</b> Description: The waterfront supervisor did not establish and enforce the method for checking persons in and out of the water written in the centers policies.	A laminated sheet is now used on every water trip by Bryan. On this sheet it has every child's name on it, that is present that day, with a check-in/out area.	07/06/2023	

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number			
Viking Day Camp		7000590147 / 001 - 2005069		
Address - Facility (Street, City, State, Zip Code) 2125 Mccomb Rd 102 Stoughton WI 535893776	Telephone Number 608-886-0140			
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
NAME - Agency Worker Michelle Garcia		Date Issued 6/28/2023		
SIGNATURE - Certified Operator or Designee / Licensee or Designee atricia L. Salenius, Viking Day Camp Center Director	· An-	Date Signed 07/12/20	23	
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