

Date Correction Plan Due 8/5/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
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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 Quad Care- Jr Camp Quad		Provider Number / Facility ID Number 2000558502 / 004 - 1004072		
Address - Facility (Street, City, State, Zip Code) W224n3297 Duplainville Rd Pewaukee WI 530724171		Telephone Number 414-566-2170	Date - Regulation Visit 7/1/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.42(3)(e) Cardiopulmonary Resuscitation Training Description: Staff file reviewed did not include current CPR certification Repeat violation: Previously cited on 7/6/2023	Quad will have a staff person become certified to teach CPR/First Aid so that we will not have such a struggle to find timely classes. Quad will be able to provide it's own classes for staff.	July 15, 2024	
2	252.43(1)(h) Painted Surfaces - Lead Free & Maintained Description: Rear wall of red shed observed with flaking paint in area accessible to children in care Repeat violation: Previously cited on 7/6/2023	Barns will be painted or boards will be replaced	June 01, 2025	

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3	252.44(6)(e)1.a. Medication Administration - Parental Authorization Description: Medication authorization did not include length of authorization as required	Medication forms will be checked for completion by 2 staff before being accepted into use	June 1, 2025
4	252.44(6)(g)3.c. Medical Log - Medication Administration Description: Medication administered not documented in medical log book after 6/13/24. Documented on separate form	Medication log will be checked for accuracy at the close of each day to assure that medication and incidents are logged as occurrences take place.	June 1, 2025

NAME - Agency Worker
Paul Spink

Date Issued
7/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Linda M. Johns

Date Signed
7/26/24