Date Correction Plan Due 3/25/2024	**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.

Name - Certified Operator / Licensed Center		**Provider Number / Facility ID Number**	
Madison's B.E.S.T. Summer Camp		8000588188 / 001 - 2001744	
Address - Facility (Street, City, State, Zip Code) 502 S High Point Rd Madison WI 537194947	**Telephone Number** 608-273-4111	**Date - Regulation Visit** 2/29/2024	

	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
1	252.09(3)(b) **Information In Vehicle - Emergency Information** Description: The camp was not in compliance when required emergency information for each child being transported was not present in the vehicles.	All emergency information will be kept in each vehicle that transports children	3/31/24	
2	252.42(3)(e) **Cardiopulmonary Resuscitation Training** Description: The camp was not in compliance when staff C did not have a CPR training certificate required for all camp staff in regular contact with children.	All drivers are scheduled for CPR certification and will be included in the training going forward	3/20/24	

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	Rule/Statute Number **Noncompliance Statement**	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	252.44(6)(g)4. **Medical Log - Review** Description: The camp was not in compliance when there was no record of a medical log book review required to be performed monthly.	Staff has been trained on noting in the log book every time it is reviewed.	3/20/24	

NAME - Agency Worker
Robert Mccoy

Date Issued
3/11/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
3/20/24