

Date Correction Plan Due 7/11/2025	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)(f) 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
Salvation Army Oak Creek
Provider Number / Facility ID Number
0000558560 / 009 - 2006972

Address - Facility (Street, City, State, Zip Code)
8853 S Howell Ave Oak Creek WI 531543801

Telephone Number
414-762-3993

Date - Regulation Visit
6/26/2025

Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
<p>1 252.07(3)(b) Annual Training - Child Abuse & Neglect Description: Staff B did not complete current training in child abuse and neglect laws, identification and reporting procedures.</p>	<p>We acknowledge the new policy to use the state trainer for trainings and print out the copy for staff files.</p>	<p>7/11/25</p>	
<p>2 252.09(4)(b) Driver Orientation - Requirement Description: The drivers did not complete an annual training regarding transportation of children and the requirements pertaining to the orientation. Repeat violation: Previously cited on 6/27/2024</p>	<p>We note that we need to use the state training and not just the Salvation Army transportation policy for Driving.</p>	<p>7/18/25</p>	

Name - Certified Operator / Licensed Center

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3 252.09(4)(c)1. Driver Record - Obtain & Review Description: The licensee did not obtain a copy of the driving record for Staff D a designated driver for the camp. Repeat violation: Previously cited on 6/27/2024	We will complete this task by printing out the record needed.	7/18/25	
4 252.42(1)(a)1. Staff File - Personal Information Description: Staff E did not have on file the name, address, and telephone numbers of persons to be notified in an emergency.	We will complete by using the state form to collect staff emergency contact.	7/11/25	
5 252.42(1)(a)4. Staff File - Pre-Camp Training Description: Staff B and E did not have documentation of successful completion of pre-camp training. Repeat violation: Previously cited on 6/27/2024	We will print out and have staff fill out the pre camp training check list	7/11/25	
6 252.42(1)(a)6. Staff File - High School Diploma Or Equivalent Description: Staff C, D and E did not have documentation of a high school diploma or its equivalent as determined by the Wisconsin department of public instruction.	We acknowledge the need for getting a copy of staff education documentation	7/18/25	

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7 252.42(3)(a)13. Pre-Camp Training - Abusive Head Trauma Description: Staff A and C did not have on file documentation of completing Abusive Head Trauma training.	We note the policy on priority of the State Trainer Certificate for ABHT in file.	7/25/25	
8 252.42(3)(e) Cardiopulmonary Resuscitation Training Description: Staff B and C did not have documentation of a current certificate of completion for child and adult cardiopulmonary resuscitation (CPR), including department-approved training in the use of an automatic external defibrillator prior to working with children in care.	We acknowledge we need a physical copy of Certificate from STAFF CPR training in file.	7/11/25	
9 252.425(1)(b) Child Tracking Procedure Description: The tracking procedure was not accurate as groups were being split and the tracking sheet was kept with one of the two counselors, in separate areas. Additionally, children were not marked as <input type="checkbox"/> out <input type="checkbox"/> on the tracking sheets upon being picked up at the end of their day.	We note and will add in a separate column on attendance sheet for checking the children out	7/11/25	

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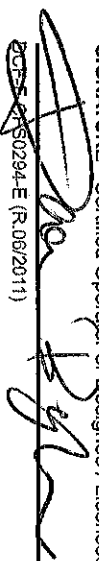
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
10 252.44(6)(e)1.a. Medication Administration - Parental Authorization Description: Medication intended for use by a child did not have administration instructions, including dosage, medication intervals and the length of the authorization from the parent is on file.	Parents have been informed of nothing in the form explanation for authorization to be more detailed for use.	7/11/25	

NAME - Agency Worker
Jennifer Brees

Date Issued
6/27/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



7/10/25

2025-05-0294-E (R.06/2011)