

Date Correction Plan Due 9/1/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 608-422-6765
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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 Fort Littlegreen Youth Camp And Nature Center		Provider Number / Facility ID Number 8000593298 / 008 - 2007868		
Address - Facility (Street, City, State, Zip Code) 2402 Robert St Stoughton WI 535893810		Telephone Number 608-873-9939	Date - Regulation Visit 8/6/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.43(3)(c) Fire Protection Facilities & Equipment Maintenance & Inspections Description: The camp was not in compliance when fire extinguisher inspection labels did not indicate that inspections were completed within the last year.	<i>We somehow fell off the rotation of Summitt's Certification. They said it was a computer system error. We had them come on 8/7 and update tags and we sent them to Rob.</i>	8/7/25	
2	252.44(6)(g)4. Medical Log - Review Description: The camp was not in compliance when the medical log book had no record of a director review, required monthly during camp operation.	<i>We (Director Kate + Director Nolan) reviewed medical log entries and documented in the log immediately.</i>	8/6/25	

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Rule/Statute Number		Correction Plan	Expected Completion Date
Noncompliance Statement			

NAME - Agency Worker
Robert Mccoy

Date Issued
8/18/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Claudia Anderson

Date Signed

8/19/2025