

Date Correction Plan Due 7/15/2022	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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.

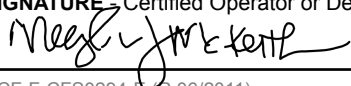
Name - Certified Operator / Licensed Center Camp T		Provider Number / Facility ID Number 5000560455 / 040 - 1011795		
Address - Facility (Street, City, State, Zip Code) 1155 Apple Blossom Dr Neenah WI 54956		Telephone Number 920-209-3300		Date - Regulation Visit 6/28/2022
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(2)(m) Communicable Disease - Reporting Description: The facility did not report a case of covid to the department within 24 hours.	The center will report to the department within 24 hours of a know case.	7/11/22	
2	252.44(6)(e)1.b. Medication Administration - Container & Label Description: One bottle of assured pain relief was not labeled with the child's name and dosage instructions 2 EpiPen's were at the facility and one had expired in March of 2021 and the other in March of 2020. Staff reported that these 2 children do not attend the camp this summer.	The listed medication has been removed.	7/11/22	

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3	252.44(6)(e)4. Medication Storage - Current Authorization Description: One bottle of assured pain relief did not have a current authorization.	The medication has been removed until a form can be acquired by parents.	7/11/22

NAME - Certification Worker / Licensing Specialist
Jill Kellner

Date Issued
7/1/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
7/11/22