

Date Correction Plan Due 9/2/2022	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.

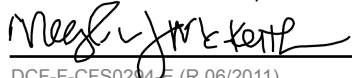
Name - Certified Operator / Licensed Center Camp T		Provider Number / Facility ID Number 5000560455 / 040 - 1011795		
Address - Facility (Street, City, State, Zip Code) 1155 Apple Blossom Dr Neenah WI 54956		Telephone Number 920-209-3300		Date - Regulation Visit 8/16/2022
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(2)(ar) Report - Animal Bite Description: The facility did not report that a child was bitten by a goat while on a field trip on 8/2/22.	Reminded staff to report all injuries to Director so proper reports can be made.	8/19/22	
2	252.43(5)(c) Soap, Toilet Paper Available & Accessible Description: The girls bathroom was out of soap	Camp will keep back up soap on hand so when the Parks and Rec Department is behind in filling stations we still have soap.	8/19/22	

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3	252.44(6)(g)3.b. Medical Log - Injuries In Care Description: The facility did not record an injury to a child on 8/3/22 in the medical log book. Child needed medical attention and received 15 stitches. This was corrected during the visit as a late entry	Director reminded staff to put all entires in the medical log.	8/19/22

NAME - Certification Worker / Licensing Specialist
Jill Kellner

Date Issued
8/19/2022

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
8/23/2022