

Date Correction Plan Due 7/21/2023	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 7/6/2023	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(4)(a)8. Child Record - Swimming Ability Assessment Description: None of the children had their swimming ability in their files - see checklist.	Corrected formatting error. Reprinted child record to reflect swimming ability.	7 / 19 / 23	
2	252.42(1)(a)1. Staff File - Personal Information Description: 7 employees were missing their start dates in their files - see checklist.	Have staff complete form.	7 / 31 / 23	

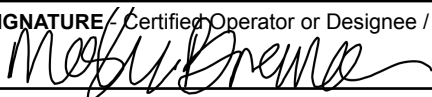
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Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
1155 Apple Blossom Dr Neenah WI 54956		920-209-3300	7/6/2023	
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3	252.42(1)(a)4. Staff File - Pre-Camp Training Description: 8 employees did not have their pre-camp training document in their files - see checklist.	Have staff complete form.	7/31/23	
4	252.425(1)(h) Camp Director - Present, Accessible, Authorized Delegate Description: The camp director was not at the camp when I arrived at the facility on 7/6/23. The other staff informed me that she went shopping for supplies.	Sent licenser our delegation of authority for 2023.	7/19/23	
5	252.44(6)(e)1.b. Medication Administration - Container & Label Description: 1 epipen had expired in June of 2022. Repeat violation: Previously cited on 6/28/2022	Parents brought in new medication.	7/19/23	
6	252.44(6)(g)4. Medical Log - Review Description: The log book was not reviewed in June 2023.	Director reviewed the med log for June. Will review each month going forward.	7/19/23	

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NAME - Agency Worker
Jill Kellner

Date Issued
7/7/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
7/19/23