

Date Correction Plan Due 7/29/2025	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 Orton Park Day Camp		Provider Number / Facility ID Number 8000557978 / 001 - 140039		
Address - Facility (Street, City, State, Zip Code) 1200 Spaight St Madison WI 537033749		Telephone Number 608-249-3991	Date - Regulation Visit 7/10/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(4)(a)2. Child Record - Emergency Medical Consent Description: Child #1 did not have on file parent consent for emergency medical care or treatment if needed.	The child file was not printed 2-sided to include the page of emergency consent. Emergency medical consent page was printed for child 2 file and onsite @ camp.	7/15/25	
2	252.43(5)(c) Soap, Toilet Paper Available & Accessible Description: Soap was not available at two of the handwashing sinks.	The Company used to supply cleaning products was asked to supply extra. We also provided back up available @ camp.	7/15/25	

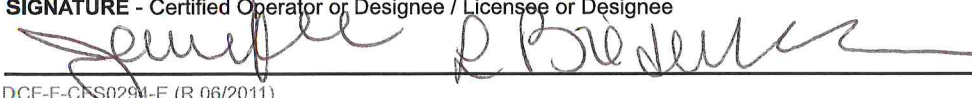
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3	252.43(5)(h) Sanitary Toilet & Sink Facilities Description: Toilet facilities were not maintained in a sanitary condition when used toilet paper was observed on the floor in the portable restroom and toilet paper rolls were kept on the floor instead of the holder.	Camp staff will do walk throughs of the bathrooms to make sure they are in sanitary condition. Rod for the toilet paper is fixed.	7/15/25
			Verification Date

NAME - Agency Worker
Rebecca Brickson

Date Issued
7/15/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed



7/16/25