Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
7/29/2026		608-422-6765

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		Provider Number / Facility ID Number	
Orton Park Day Camp		8000557978 / 001 - 140039	
Address - Facility (Street, City, State, Zip Code) 1200 Spaight St Madison WI 537033749		**Telephone Number** 608-249-3991	**Date - Regulation Visit** 7/13/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(2)(d) **Report - Change In Camp Director** Description: Licensee did not report a change in camp director within 7 days after the change.	Will notify licensing every year of who director is.	7/17/26	
2	252.44(6)(i)1. **Personal Cleanliness - Child Handwashing** Description: Child's hands were not washed with soap and running water after toileting.	Children will be reminded to wash hands with soap and water after toileting	7/17/26	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Orton Park Day Camp		8000557978 / 001 - 140039	
Address - Facility (Street, City, State, Zip Code) 1200 Spaight St Madison WI 537033749	**Telephone Number** 608-249-3991	**Date - Regulation Visit** 7/13/2026	

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	252.44(7)(am)6. **Water Activity Areas - Rescue Equipment Available & Maintained** Description: Rescue equipment, including a shepherd's crook type pole, a backboard and ring buoy were not immediately available at each water activity area.	Camp will have shepard's crook, backboard and ring buoy immediately available at water activity area.	7/17/26	

NAME - Agency Worker
Rebecca Brickson

Date Issued
7/15/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee
Jennifer Biedermann

Date Signed
7/17/26