

Date Correction Plan Due 11/28/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 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 Spartan Day Camp		Provider Number / Facility ID Number 3000588213 / 001 - 2001828		
Address - Facility (Street, City, State, Zip Code) 4814 Freedom Ring Rd Madison WI 53718		Telephone Number 608-438-3003	Date - Regulation Visit 11/13/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(4)(c) Current, Accurate Daily Attendance Record Description: Current and accurate written daily attendance was not maintained when all 4-K children in attendance were not signed into the attendance form. In addition, attendance records reviewed for the week, had the same sign in time for all the children, even though they arrive at the center from different pick up locations.	Staff have been instructed to sign campers in when they arrive to the van at each location rather than signing in when they arrive at camp. This will ensure they are signed in immediately.	11/17/2025	
2	252.425(1)(h) Camp Director - Present, Accessible, Authorized Delegate Description: The camp director was not present at the camp and licensing specialist was not directed to an authorized person.	Staff was trained who are the designated staff who are in charge while the director is picking up kids from school or away for short periods from camp.	11/17/2025	

Name - Certified Operator / Licensed Center Spartan Day Camp		Provider Number / Facility ID Number 3000588213 / 001 - 2001828		
Address - Facility (Street, City, State, Zip Code) 4814 Freedom Ring Rd Madison WI 53718		Telephone Number 608-438-3003	Date - Regulation Visit 11/13/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	252.44(5)(d)1. Menus - Posted & Accessible Description: Snack menu was not posted in an area accessible to parents	Snack menus will be posted and accurate at all times.	11/17/2025	
4	252.44(5)(e) Meals & Snacks - Usda Minimum Meal Requirements Description: A snack served to children did not meet the minimum meal requirements when only gold fish was served.	Staff were instructed to make sure to put out a second food group every day for snack.	11/17/2025	

NAME - Agency Worker
Michelle Garcia

Date Issued
11/14/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed