

Date Correction Plan Due 12/9/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 800-422-8765
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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		Provider Number / Facility ID Number	
Swim And Gym All Sports Camp Llc		0000576800 / 001 - 1006536	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
1001 Deming Way Madison WI 53717		608-800-7200	11/20/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	252.42(1)(a)3. Staff File - Background Check Results Description: Fingerprints not completed for the following individuals: Individual 001 Repeat violation: Previously cited on 11/20/2023	Due 12/9/2025 Individual 001 will complete a fingerprint background check on 12/05/25.	12/05/2025
		Verification Date	

NAME - Agency Worker
Samantha Douglas

Date Issued
11/25/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Kristine A. Bauer

Date Signed
12/09/25