

Date Correction Plan Due 8/18/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
--	--	---

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 Princeton Club New Berlin		Provider Number / Facility ID Number 7000579697 / 002 - 1012029		
Address - Facility (Street, City, State, Zip Code) 14999 W Beloit Rd New Berlin WI 53151		Telephone Number 414-427-1100	Date - Regulation Visit 7/28/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.07(3)(b) Annual Training - Child Abuse & Neglect Description: No annual record of child abuse training in staff file reviewed	Include training information that overviews and details child abuse in each counselors employee file. This will accompany DCF Pre - Camp Training Documentation - Day Camps. This way there will be proof of our annual record of child abuse training in staff file. *Please inform or provide a specific form we should be using. See Pamphlet A	8/17/25	
2	252.41(4)(a)1.a. Child Record - Enrollment Information Description: Child file did not include correct dates of enrollment and attendance in file reviewed	Program Director will notate on Child's original forms in child's file the correct date of actual first day of camp so not to be confused with requested dates of enrollment and attendance by parents at registration in February.	8/22/25	

Name - Certified Operator / Licensed Center Princeton Club New Berlin		Provider Number / Facility ID Number 7000579697 / 002 - 1012029	
Address - Facility (Street, City, State, Zip Code) 14999 W Beloit Rd New Berlin WI 53151		Telephone Number 414-427-1100	Date - Regulation Visit 7/28/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	252.43(1)(h) Painted Surfaces - Lead Free & Maintained Description: Studio spaces being utilized by camp children were observed with deteriorating paint contrary to rule requirements	Studio has been added to Preventative Maintenance Log. Going forward studio will have regular visual inspections, before, during, and after summer camp use for inclement weather. Confirm by provided Photos of paint label used on studio walls is lead-free. Studio will be painted by maintenance Dept. See Pamphlet B & C	9/1/25
4	252.44(6)(g)4. Medical Log - Review Description: No monthly review documented in medical log book	Program Director went over The medical log review rule with Camp Director so that there is a notation every month of date, time and signature of monthly review with staff in monthly meetings.	8/1/25

NAME - Agency Worker
Paul Spink

Date Issued
8/4/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Val Stenzel

Date Signed
8/19/25