

Date Correction Plan Due 3/17/2025	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 Main Street Youngsters Packer Camp		Provider Number / Facility ID Number 1000585351 / 002 - 1015091		
Address - Facility (Street, City, State, Zip Code) 225 W North St Poynette WI 53955		Telephone Number 608-635-8911	Date - Regulation Visit 2/24/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)5. Child Record - Alternate Arrival / Release Agreement Description: Child 2 is missing an alternate arrival form.	Director emailed the form to parent and had it signed and dated.	2/25/25	
2	251.05(2)(a)2. Staff Record - Completed Background Check Description: Staff A does not have a background check completed in compliance with the timelines and requirements specified in s. 48.686, Stats., and ch DCF 13, before working with children.	Director will complete background check on Staff A immediately Appt. made for 3-7-25	3/10/25	

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225 W North St Poynette WI 53955		608-635-8911	2/24/2025	
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3	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A, who has worked at the center longer than three months, is missing a CPR certificate.	Director is scheduling a CPR training course for staff unless she/he can find prior certificate from previous employer.	3/21/25	
4	251.05(3)(cm) Child Abuse & Neglect - Biennial Training Description: Staff A and Staff B completed training on child abuse and neglect using a brochure that the Department no longer accepts.	Director had staff A and B completed on line training 3-4-25	3/4/25	

NAME - Agency Worker
Amy Anderson

Date Issued
3/3/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Jari Schultz

Date Signed
3.5.25