

Date Correction Plan Due 7/29/2024	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 Camp Bishops Bay		Provider Number / Facility ID Number 6000587786 / 006 - 2006078	
Address - Facility (Street, City, State, Zip Code) 3500 Bishops Bay Dr Middleton WI 535622389		Telephone Number 877-671-2267	Date - Regulation Visit 7/9/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
1	252.41(4)(a)6m. Child Record - Immunization History Description: Child A and B did not have immunization records on file. Repeat violation: Previously cited on 7/10/2023	All campers will have immunization records on file in 2025 season.	7/29/24
2	252.42(1)(a)1. Staff File - Personal Information Description: Staff C did not have a completed staff record on file. Repeat violation: Previously cited on 7/10/2023	All staff will have a completed staff record on file in the 2025 season.	7/29/24

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Camp Bishops Bay		6000587786 / 006 - 2006078		
Address - Facility (Street, City, State, Zip Code) 3500 Bishops Bay Dr Middleton WI 535622389		Telephone Number 877-671-2267	Date - Regulation Visit 7/9/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	252.42(3)(a)1. Pre-Camp Training - Review Of Rules Description: Staff C did not have documentation of a completed 24 pre-camp training on file.	We will have all documentation of the required training on file for the 2025 season.	7/29/24	
4	252.42(3)(e) Cardiopulmonary Resuscitation Training Description: Staff C did not have a completed CPR training on file Repeat violation: Previously cited on 7/10/2023	We will have all CPR certifications on file for 2025 season.	7/29/24	
5	252.43(3)(b) Staff Knowledge Of Duties During Emergency Description: Staff did not have knowledge of duties in case of a tornado.	We reviewed the emergency procedures with our staff and will make sure 2025 staff have solid knowledge of these plans.	7/29/24	
6	252.43(4)(b)1.a. Private Well - Annual Bacteria Test Description: The camp did not provide laboratory report of annual test of coliform and e.coli	The water test report from 8/23/23 was added to our file and was submitted with this CAP.	7/29/24	

Name - Certified Operator / Licensed Center Camp Bishops Bay		Provider Number / Facility ID Number 6000587786 / 006 - 2006078	
Address - Facility (Street, City, State, Zip Code) 3500 Bishops Bay Dr Middleton WI 535622389		Telephone Number 877-671-2267	Date - Regulation Visit 7/9/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
7	252.43(4)(b)2.a. Private Well - Annual Nitrate Test Description: The camp did not provide laboratory report on test samples for nitrate.	The water test report from 8/23/23 was added to our file and was submitted with this CAP.	7/29/24

NAME - Agency Worker
Michelle Garcia

Date Issued
7/15/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Suzanne Brennan

Date Signed

7/29/2024