

<b>Date Correction Plan Due</b> 7/22/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b> 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.

<b>Name - Certified Operator / Licensed Center</b> Camp Bishops Bay		<b>Provider Number / Facility ID Number</b> 6000587786 / 006 - 2006078		
<b>Address - Facility (Street, City, State, Zip Code)</b> 3500 Bishops Bay Dr Middleton WI 535622389		<b>Telephone Number</b> 877-671-2267	<b>Date - Regulation Visit</b> 7/7/2025	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	252.07(3)(b) <b>Annual Training - Child Abuse &amp; Neglect</b>  Description: Staff did not have documentation of a completed child abuse and neglect annual training.	Staff are required to take ASTP safety Training. Will add WI Mandated Reporter Online Training for 2026 Season	2026 Season	
2	252.41(4)(a)6m. <b>Child Record - Immunization History</b>  Description: Child 1 and 2 did not have immunization records on file.  Repeat violation: Previously cited on 7/9/2024, 7/10/2023	updated Camper Health forms sent to Director weekly for 2025 & 2026 Season	immediately	

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3	252.41(4)(c) <b>Current, Accurate Daily Attendance Record</b>  Description: Daily attendance records were not maintained current and accurate when a child that was present was not signed in. In addition, exact arrival and departure times are not being recorded.	Director to watch video tutorial on how to submit attendance. Full-Time team to follow up	immediately	
4	252.42(1)(a)3. <b>Staff File - Background Check Results</b>  Description: Staff A did not have a completed background check prior to working with children.  Repeat violation: Previously cited on 5/20/2024, 7/10/2023	All staff will have a completed staff record on file in The 2026 Season	7/22/25	
5	252.42(3)(e) <b>Cardiopulmonary Resuscitation Training</b>  Description: CPR completed by staff did not include infant and child.  Repeat violation: Previously cited on 7/9/2024, 7/10/2023	Please see the attached course description for BLS. Adult/Child is included infant	immediately	
6	252.43(1)(i) <b>Garbage Containers, Storage, &amp; Disposal</b>  Description: Garbage containers did not have a tight-fitting lid.	Working with the club. Ordered cans with lids	immediately	

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7	252.44(6)(g)1. <b>Medical Log - Maintenance</b>  Description: Medical log book pages were not numbered.	Director to number pages in the medical log book.	immediately	

**NAME - Agency Worker**  
Michelle Garcia

**Date Issued**  
7/8/2025

**SIGNATURE - Certified Operator or Designee / Licensee or Designee**

*Kristin Grapes*

**Date Signed**

7/22/25