

Date Correction Plan Due 8/12/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL 252-446-7800
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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 Roc Day Camp		Provider Number / Facility ID Number 8000587786 / 002 - 2002308	
Address - Facility (Street, City, State, Zip Code) 2801 Northwestern Ave MI Pleasant WI 534042247		Telephone Number 877-671-2267	Date - Regulation Visit 7/22/2025
	<p style="text-align: center;"><b>Rule/Statute Number Noncompliance Statement</b></p> <p>252.42(1)(a)1. <b>Staff File - Personal Information</b></p> <p>Description: Staff D and staff E did not have a staff record form on file.</p>	<p style="text-align: center;"><b>Correction Plan</b></p> <p>Director had staff D &amp; E complete staff record &amp; add to licensing binder</p>	<p style="text-align: center;"><b>Expected Completion Date</b></p> <p>immediate</p>
2	<p>252.42(1)(a)3. <b>Staff File - Background Check Results</b></p> <p>Description: Staff D did not have background check completed and approved by the department.</p>	<p>Background check was submitted &amp; passed. Director to add to licensing binder</p>	<p>immediate</p>

Name - Certified Operator / Licensed Center Roc Day Camp		Provider Number / Facility ID Number 8000587788 / 002 - 2002308	
Address - Facility (Street, City, State, Zip Code) 2801 Northwestern Ave Mt Pleasant WI 534042247		Telephone Number 877-671-2267	Date - Regulation Visit 7/22/2025
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	252.42(3)(e) Cardiopulmonary Resuscitation Training  Description: Staff D and staff E did not have documentation of current CPR training on file.	staff D & E completed CPR & Director added certificates to the licensing binder.	immediately

NAME - Agency Worker  
Joel Marquez, Laura Taylor

Date Issued  
7/29/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

*Laura Andersen*

Date Signed