

Date Correction Plan Due 8/26/2025	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 920-785-7811
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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

Provider Number / Facility ID Number

Camp Ogcc

6000587786 / 007 - 2008302

Address - Facility (Street, City, State, Zip Code) 207 Country Club Rd Green Bay WI 54313	Telephone Number 877-671-2267	Date - Regulation Visit 6/27/2025
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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(4)(a)6. Child Record - Health History Description: Based on record review on 6/27/25 according to the Child Record Checklist Child 1, 2, 3, 9, and 10 failed to have a health history form on file.	KE Camps full-time staff have reached out to all families missing a health history for a camper.	Immediately	
2	252.41(4)(a)6m. Child Record - Immunization History Description: Based on record review on 6/27/25 according to the Child Record Checklist Child 1, 2, 3, 9, and 10 failed to have immunizations on file.	KE Camps full-time staff have reached out to all families missing an immunization record for a camper.	Immediately	

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	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	252.42(1)(a)1. Staff File - Personal Information Description: Based on record review on 6/27/25 according to the Staff Record Checklist Staff Member B, C, and E failed to have a Staff Record form on file.	Full-Time KE Camps staff gave Director Staff Record Forms to have all staff complete.	Immediately	7/29/2025
4	252.425(1)(a) Supervision Of Children Description: Based on observation on 6/27/25 a staff member failed to supervise a child when the camp staff was within the room a child was within another room and they ran out of the pool house/base camp door directly into the pool area and ran towards the second group of campers near the golf area/gate.	Camp Director addressed supervision of campers in daily meeting, prior to the start of each day. Also, campers were assigned to a counselor.	Immediately	
5	252.425(1)(b) Child Tracking Procedure Description: Based on observation on 6/27/25 a staff member failed to know the whereabouts of a child in care for approximately a minute when the staff member was within the room, some children were within a different room and a child ran out of the pool house/base camp door directly into the pool area and ran towards the second group of campers near the golf area/gate.	Camp Director addressed supervision of campers in daily meeting, prior to the start of each day. Also, campers were assigned to a counselor	Immediately	7/29/2025

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6	252.44(6)(e)4. Medication Storage - Current Authorization Description: Based on observation and record review on 6/27/25 the program had medication onsite without any authorization forms.	KE Camps Full time staff reached out to family & requested medication Administration form.	Immediately 7/29/2025

NAME - Agency Worker
Cassandra Debauche

Date Issued
8/12/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Laura Andersen

Laura Andersen (Aug 14, 2025 10:38:35 EDT)