

Date Correction Plan Due 8/2/2023	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)(O), 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 Badger Gymnastics Of Madison Summer		Provider Number / Facility ID Number 7000590547 / 002 - 2005481	
Address - Facility (Street, City, State, Zip Code) 6901 Schroeder Rd Madison WI 537112313		Telephone Number 608-513-7210	Date - Regulation Visit 6/28/2023
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 252.42(1)(a)1. Staff File - Personal Information Description: The camp was not in compliance when there was no completed staff record form for staff B on file. Repeat violation: Previously cited on 8/3/2022, 8/17/2021	<i>Switched our staff file personal info to state provided form so we don't have any missing fields for staff. Most staff already have new name completed forms on file.</i>	<i>7/31/23</i>	

NAME - Agency Worker
Robert Mccoy

Date Issued
7/19/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed
7/31/2023