

Date Correction Plan Due 8/19/2019	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 Camp Tonkaweya		Provider Number / Facility ID Number 5000560455 / 040 - 1011795		
Address - Facility (Street, City, State, Zip Code) 1155 Apple Blossom Dr Neenah WI 54956		Telephone Number 920-840-0283	Date - Regulation Visit 8/2/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(1)(L) Monitoring Results, Stipulations, Conditions, Exceptions Posted Description: The last monitoring results were not posted by the license. Corrected during visit. Repeat violation: Previously cited on 8/14/2017	Print and post results immediately while waiting for follow up. Re post again after follow up.	8/9/19	
2	252.41(2)(a) Report - Incident Or Accident Description: One child fell off a large ball on 7/31/19 and could not move. Staff helped her and called parent. Parent took the child to the Emergency room. This was not reported to the department within 24 hours.	Complete form even if child is not seen when parent indicates that as intention. Send to licensor within 24 hrs.	8/8/19	

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3	252.41(2)(k) Report - Plan Of Correction Description: Facility did not submit their plan of correction in the timeline required.	Submit plan within 14 days regardless of follow up needed.	8/9/19	
4	252.41(4)(a)1.a. Child Record - Enrollment Information Description: The dates of camp sessions the campers were attending were not on the enrollment form. Repeat violation: Previously cited on 7/1/2019	This will be corrected on the childrens emergency form for next years camp enrollment.	6/8/20	
5	252.41(4)(b)1. Medical Log - Recording Time Frame Description: Facility was not documenting the name and type of medication given to each child.	Staff will record the name and dosage of medication given in med log.	8/9/19	
6	252.42(1)(a) Camp Director - On Premises & Responsibilities Description: The camp director was not on premise during operating hours.	Have a qualified staff on the premises in Director's absence.	8/8/19	

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7	<p>252.44(6)(h) Record Of Immunizations</p> <p>Description: The children's immunization records were not accurate. A majority of children had codes in their immunizations and not actual dates.</p> <p>Repeat violation: Previously cited on 7/1/2019, 8/14/2017</p>	<p>Our IT department corrected the format of the form to pull correct information. Staff will check to ensure accuracy.</p>	<p>8/12/19</p>

NAME - Certification Worker / Licensing Specialist
Jill Kellner

Date Issued
8/5/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Maki J. Macke

Date Signed

8/8/19