

Date Correction Plan Due 7/22/2019	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.

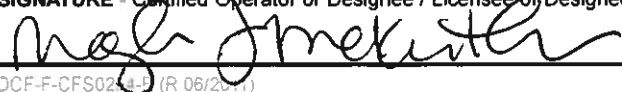
Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Camp Tonkaweya		5000560455 / 040 - 1011795		
Address - Facility (Street, City, State, Zip Code) 1155 Apple Blossom Dr Neenah WI 54956		Telephone Number 920-209-1492	Date - Regulation Visit 7/1/2019	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	252.41(4)(a)1.a. Child Record - Enrollment Information Description: The dates of camp sessions attending were not on the enrollment form for all the children- see checklist. Repeat violation: Previously cited on 7/10/2017	<i>This will be corrected on the children's emergency form for next years camp enrollment.</i>	<i>6/8/20</i>	7/9/2020
2	252.41(4)(a)8. Child Record - Swimming Ability Assessment Description: All the children did not have their swimming ability in their files - see checklist	<i>Information about child's swimming ability will be listed on emergency form next year.</i>	<i>6/8/20</i>	7/9/2020

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3	252.44(6)(h) Record Of Immunizations Description: One child did not have their immunization history in their file - see checklist Repeat violation: Previously cited on 8/14/2017, 7/10/2017	Our IT department corrected the format of the form to pull correct information. Staff will check to ensure accuracy	8/12/19
			Verification Date 7/9/2020

NAME - Certification Worker / Licensing Specialist
Jill Kellner

Date Issued
7/8/2019

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed
3.10.21