

Date Correction Plan Due 11/16/2020	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
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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 Kidcare On Camelot		Provider Number / Facility ID Number 9000583619 / 001 - 1015426		
Address - Facility (Street, City, State, Zip Code) 3491 Camelot Ave Sparta WI 54656		Telephone Number 608-769-1175	Date - Regulation Visit 10/15/2020	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	250.04(2)(i)1.a. Monitoring Results Posted Description: The monitoring results and correction plan from the most recent licensing inspection was not posted.	Posted day of visit. Will post further results immediately upon receipt.	10/15/2020 11/9/2020	
2	250.06(2)(c) Access To Materials Potentially Harmful To Children Description: An aerosol can of sealant which is labeled "keep out of reach of children" was accessible to children in the bathroom as observed during the monitoring visit. Provider moved the can to a high shelf in the closet outside the bathroom during the visit.	Unopened, sealed can was moved to closed closet day of visit. Administrative code reviewed.	10/15/2020	

Care On Camelot

9000583619 / 001 - 1015426

Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
3491 Camelot Ave Sparta WI 54656		608-769-1175	10/15/2020	
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date	
3 250.06(6)(a) Private Well - Annual Bacteria Test Description: Documentation of the annual water test results for bacteria levels required for a private well was not available to the Licensor at the time of the monitoring visit. The last test results on file for this provider expired on 10/7/2019.	Test sent in as soon as sample kit was received. Results emailed upon receipt. Additional day closed in the picture to make testing + travel to lab for drop off easier.	by 10/30/2020 completed 10/27/2020		
4 250.06(6)(b) Private Well - Annual Nitrates Test Description: Documentation of the annual water test results for nitrate levels required for a private well was not available to the Licensor at the time of the monitoring visit. The last test results on file for this provider expired on 10/7/2019.	Same as in #3 above.	by 10/30/2020 completed 10/27/2020		
5 250.07(6)(f)3. Medication - Storage Description: Over-the-counter medication for one child was sitting on a kitchen counter, accessible to children as observed during the monitoring visit.	Moved to the top of the refrigerator during the visit. Container kept on refrigerator to hold meds.	10/15/2020		

NAME - Certification Worker / Licensing Specialist
Jennifer Stubbe

Date Issued
11/2/2020

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Patricia A Storge

Date Signed

3/13/2020