Name - Certified Operator / Licensed Center	Prov	Provider Number / Facility ID Number	nber
Mps - Camp Parkside	2000	2000563892 / 074 - 2100193	
Address - Facility (Street, City, State, Zip Code) 2969 S Howell Ave Milwaukee WI 532072083	Telephone Number 414-294-1687	Date - Regulation Visit 11/8/2021	Visit
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
NAME - Certification Worker / Licensing Specialist Kayla Sands		Date Issued 11/15/2021	
SIGNATURE - Certified Operator or Designee / Licensee or Designee		Date Signed 11 / 17 / 21	

•	11/30/2021	Date Correction Plan Due
	PLAN	NONCOMPLIANCE STATEMENT AND CORRECTION
		TO FILE A COMPLAINT CALL

may submit plans of correction however are not required to do so. and (2)(k). 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) 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

penalty pursuant to Wis. Stat. 48.715. noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. date(s) for each item. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Instructions: notice of the sanction and / or penalty and your appeal rights. The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist 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 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 This request for a correction plan is not an order imposing a sanction or Identify expected completion

Nam	Name - Certified Operator / Licensed Center	Provide	Provider Number / Facility ID Number	nber
Mps	Mps - Camp Parkside	200056	2000563892 / 074 - 2100193	
Add 2969	Address - Facility (Street, City, State, Zip Code) 2969 S Howell Ave Milwaukee WI 532072083	Telephone Number 414-294-1687	Date - Regulation Visit 11/8/2021	/isit
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
	251.06(2)(a) Potential Source Of Harm On Premises	Cords or taped them so	11/17/21	
The state of the s	Description: The premise was not free from potential sources of harm at the time of licensing visit. Multiple unwound and loose cords were observed throughout the room, accessible to children.	they are not accesible to	ă.	
2	251.06(2)(d) Access To Materials Potentially Harmful To Children	We have moved all of	11/17/21	
	Description: Materials potentially harmful were not stored in areas inaccessible to children at the time of licensing visit. Lysol wipes, Lysol spray, and multiple containers of hand sanitizer, labeled keep out of reach of children, were accessible throughout the classroom.	to a closet where the children do not have acces to.		
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