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STATE OF WISCONSIN

JAN 4 2022

SOUTHEASTERN REGIONAL OFFICE  
DCF DECE BECR

DEPARTMENT OF CHILDREN AND FAMILIES  
Division of Early Care and Education

STATE OF WISCONSIN

Date Correction Plan Due 1/7/2022	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	TO FILE A COMPLAINT CALL
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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 48.716. 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 Mps - Camp Fairview		Provider Number / Facility ID Number 2000563892 / 038 - 2100225	
Address - Facility (Street, City, State, Zip Code) 6500 W Kinnickinnic River Pkwy Milwaukee WI 532193030		Telephone Number 414-546-7700	Date - Regulation Visit 12/14/2021
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 251.05(2)(a)4 a Staff Record - Registry Certificate  Description No Registry certificate for staff file reviewed	Staff will provide a copy of Registry Certificate to be placed in reviewed staff file  Preventive Action Taken Director will utilize the Staff File Checklist to ensure all required documents are placed in each staff file  Director will place all staff Registry Certificates in staff file If new staff Director will assist staff in applying for Registry Certificate within one month of hire	2/14/2022  2/14/2022	
2 251.05(3)(c) Cardiopulmonary Resuscitation Training  Description No CPR certification on file for reviewed staff	Staff will provide a current copy of CPR Certificate to be placed in reviewed staff file  Preventive Action Taken Director will utilize the staff file checklist to ensure all required documents are placed in each staff file  Newly hired staff, without a current CPR certification will complete the CPR training	2/3/2022  2/3/2022	

NAME - Certification Worker / Licensing Specialist  
Paul Spink

Date Issued  
12/21/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

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