

<b>Date Correction Plan Due</b> 3/21/2023	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
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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.

<b>Name - Certified Operator / Licensed Center</b> Mps - Brown Safe Place		<b>Provider Number / Facility ID Number</b> 2000563892 / 150 - 2100122		
<b>Address - Facility (Street, City, State, Zip Code)</b> 2029 N 20Th St Milwaukee, WI 53205-1140		<b>Telephone Number</b> 414-527-6535	<b>Date - Regulation Visit</b> 2/27/2023	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)6. <b>Child Record - Health History</b> Description: There was missing information on the Health History form for Child #4.	Child Health History forms were updated and filed for all program participants.	6/1/2023	2/1/2024
2	251.04(6)(a)6m. <b>Child Record - Immunization History</b> Description: There was no documentation of a current Immunization history for Child #4.	Current immunization records were filed for all program participants.	6/1/2023	2/1/2024

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3	Rule/Statute Number Noncompliance Statement 251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b> Description: There was no documentation of a current CPR/First Aid Training for Staff A & C.	Correction Plan Current CPR/First Aid Training records/certificates were placed in employee files.	Expected Completion Date 6/1/2023	Verification Date 2/1/2024

NAME - Certification Worker / Licensing Specialist

Date Issued



3/6/2023

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Leighton Cook*

3/5/2024