

Date Correction Plan Due 10/3/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	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. 48.715. 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 Mps - Camp Grant		Provider Number / Facility ID Number 2000563892 / 011 - 2100248		
Address - Facility (Street, City, State, Zip Code) 2920 W Grant St Milwaukee, WI 53215-2446		Telephone Number 414-874-5600	Date - Regulation Visit 9/17/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. Child Record - Health History Description: Child 2 has a medical condition, however there is no other information in about triggers that may cause a problem, signs or symptoms for the provider to watch for, steps a provider should follow, when to call a parent regarding symptoms, when the condition requires emergency medical care, and identification of all providers who have received specialized training or instructions to help treat symptoms.	The Camp Director will work with the family of Child 2 to fully complete the Health History and Emergency Care Plan so that all required information is completed and communicated by 10/2/2024.	10/2/2024	

NAME - Certification Worker / Licensing Specialist

Date Issued

[Redacted Name]

9/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Leighton Cook

9/25/2024