

Date Correction Plan Due 12/3/2024	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 Barton		Provider Number / Facility ID Number 2000563892 / 103 - 2100167		
Address - Facility (Street, City, State, Zip Code) 5700 W Green Tree Rd Milwaukee, WI 53223-5220		Telephone Number 414-616-2711	Date - Regulation Visit 11/14/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. Child Record - Health History Description: Health history information on file for Child #2 is	Camp Director met with the parent. The parent provided the asthma inhaler and completed the Health History form with instructions for signs and symptoms for immediate care. Preventive Action Taken:	11/15/2024	
2	251.07(5)(a)10. Sharing Information About Food & Other Allergies Description: When asked by licensors on two occasions during the monitoring visit if any children enrolled in the program have any allergies, Staff D reports that no children in the program have any allergies. Per a review of the Health History and Emergency Care Plan for Child #2, and per confirmation with Staff D that the information on the form is accurate, Child #2 has a peanut allergy.	The camp director met with the parent. The parent completed the peanut allergy instructions on the Health History form and provided the camp director with a labeled EPI-Pen with child #2's information. Camp Director created an allergies list and made it accessible to all staff.	11/25/2024	

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3	251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: An asthma inhaler on the premises for Child #2 does not have a completed medication authorization from the parent.	The camp director met with the parent. The parent completed the medication authorization form to allow the camp director to administer medication, if needed; and placed in child #2's file. Corrective Action Taken:	11/22/2024	
4	251.07(6)(f)1.b. Medication Administration - Containers & Labeling Description: An asthma inhaler on the premises for Child #2 is not labeled with the child's name and the inhaler does not have a label that includes the dosage and directions for administration.	The parent provided the labeled asthma container that includes the prescription instructions, with the dosage and directions for administration. And place in child #2's file. Correction Action Taken: The camp director will examine all	11/22/2024	

NAME - Certification Worker / Licensing Specialist

Date Issued



11/18/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Joshua Coon

12/4/2024