

<b>Date Correction Plan Due</b> 11/20/2024	<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 - Lafollette CLC		<b>Provider Number / Facility ID Number</b> 2000563892 / 017 - 2100243		
<b>Address - Facility (Street, City, State, Zip Code)</b> 3239 N 9Th St Milwaukee, WI 53206-3251		<b>Telephone Number</b>	<b>Date - Regulation Visit</b> 10/29/2024	
	<b>Rule/Statute Number</b> <b>Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b> Description: Documentation of abusive head trauma training was not observed for an employee.  Repeat violation: Previously cited on 12/2/2022	BGCGM Area Director will ensure that staff receive Abusive Head Trauma Prevention Training and document in staff file.	12/20/24	
2	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b> Description: Documentation of CPR training was not observed for an employee. Documentation of a current CPR certificate was not observed for 2 employees.  Repeat violation: Previously cited on 11/30/2023, 12/2/2022	BGCGM Area Director will ensure that staff receive CPR Training and document in staff file.	12/20/24	

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3	Rule/Statute Number Noncompliance Statement 251.06(3)(b)2. <b>Emergencies - Practice Written Plans</b> Description: Documentation of fire and tornado drills was not observed for 2024.	Correction Plan BGCGM Area Director will review BGCGM policy and procedure for emergencies - practice written plans with School Age Director and ensure implementation.	Expected Completion Date 12/20/24	Verification Date

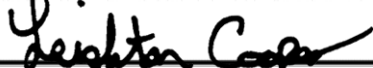
NAME - Certification Worker / Licensing Specialist

Colleen Hanser

Date Issued

11/6/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

11/25/2024