

Date Correction Plan Due 12/27/2024	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 - Carver CLC		Provider Number / Facility ID Number 2000563892 / 128 - 2100144		
Address - Facility (Street, City, State, Zip Code) 1900 N 1St St Milwaukee, WI 53212-3705		Telephone Number 414-267-5781	Date - Regulation Visit 11/26/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. Child Record - Health History Description: Per review of two Health History and Emergency Care Plans, a parent has identified that their child has a food allergy however the parent has not provided the following information: triggers that may cause a problem, signs or symptoms to watch for, steps the child care provider should follow, when to call a parent regarding symptoms & when to consider the condition requires emergency medical care or reassessment. Another child is identified as having 2 medical problems & a food allergy however the child's parent has	Area Director will ensure that the health history information is complete and will review the BGCGM policy and procedure for a complete child record – health history with School Age Director.	12/20/2024	
2	251.04(6)(a)6m. Child Record - Immunization History Description: A child has an immunization summary print out on file which states the child is "Behind Schedule" and has "No doses of this vaccine." for multiple required vaccines. The child care immunization form on file for the child is signed by the parent however no box has been checked identifying the reason the child is not vaccinated.	School Age Director will discuss the reason with the parent why the child is not vaccinated. Area Director will review the BGCGM policy and procedure for Child Record - Immunization History with the School Age Director.	12/20/2024	

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NAME - Certification Worker / Licensing Specialist

Date Issued



11/27/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Leighton Cook

12/23/2024