

Date Correction Plan Due 12/11/2024	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 Neeskara		Provider Number / Facility ID Number 2000563892 / 100 - 2100170		
Address - Facility (Street, City, State, Zip Code) 1601 N Hawley Rd Milwaukee, WI 53208-2116		Telephone Number 414-304-6783	Date - Regulation Visit 11/19/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(6)(a)6. Child Record - Health History Description: Health History information on file for Child #1 identifies him as having asthma however the following information has not been provided- triggers that may cause a problem, signs or symptoms for the child care worker to watch for, steps a child care worker should follow, when to call a parent regarding symptoms, when the condition requires emergency medical care, and identification of all child care workers who have received specialized training or instructions to help treat symptoms.</p>	<p>The camp director will have the parent complete Child #1's health care plan on the enrollment application, that will provide any triggers that may cause a problem to the child's medical condition, and any signs or symptoms for staff to watch for and steps that must be taken when the condition requires emergency medical care. Furthermore, the camp director will ensure that staff complete the inhaler and EpiPen training.</p>	1/10/2025	
2	<p>251.07(6)(f)1.a. Medication Administration - Parent Authorization Description: Child #1 is identified as having asthma and is reported to bring his inhaler to the program on the days he attends however the parent has not completed a written medication authorization to administer the inhaler.</p>	<p>The camp director will ensure that the parent completes a medication authorization to administer the inhaler form.</p>	1/10/2025	

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NAME - Certification Worker / Licensing Specialist 	Date Issued 11/26/2024
SIGNATURE - Certified Operator or Designee / Licensee or Designee 	Date Signed 12/23/2024