

<b>Date Correction Plan Due</b> 12/2/2024	<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 - Camp Ideal		<b>Provider Number / Facility ID Number</b> 2000563892 / 104 - 2100166		
<b>Address - Facility (Street, City, State, Zip Code)</b> 1420 W Goldcrest Ave Milwaukee, WI 53221-5013		<b>Telephone Number</b> 414-902-9900	<b>Date - Regulation Visit</b> 11/8/2024	
	<b>Rule/Statute Number Noncompliance Statement</b>	<b>Correction Plan</b>	<b>Expected Completion Date</b>	<b>Verification Date</b>
1	251.04(6)(a)6. <b>Child Record - Health History</b> Description: Health history information was incomplete for Child #2, Child #3, and Child #4.	Camp Director will obtain all required information for Child #2, Child #3, and Child #4 and will update the respective student files.	1/31/2025	
2	251.05(2)(a)2. <b>Staff Record - Completed Background Check</b> Description: Documentation of a caregiver background check was not on file for Staff D.	The Camp Director will work with school administration and staff to ensure that anyone left to supervise participants has met the requirements before working in the program.	1/3/2025	

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3	251.05(3)(b) <b>Abusive Head Trauma Prevention Training</b> Description: Documentation of Abusive Head Trauma Prevention training was not observed on file was not on file for Staff D.	The individual identified as Staff D was not a Camp staff. The Camp Director will work with school administration and staff to ensure that anyone left to supervise participants has met the requirements before working in the program.	1/3/2025	
4	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b> Description: Documentation of CPR/AED training was not observed on file was not on file for all staff files reviewed. Staff C's previous certificate expired March 2024.	The Camp Director will ensure that Staff C will complete CPR as required.	1/31/2025	
5	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b> Description: Documentation of Child Abuse and Neglect training completed at least once every 2 years was not observed on file for Staff B and Staff D. Staff B's training expired March 2023.	The Camp Director will ensure that Staff B will complete CAN training as required. The individual identified as Staff D was not a Camp staff. The Camp Director will work with school administration and staff to ensure that anyone left to supervise participants has met the requirements	1/3/2025	

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**NAME** - Certification Worker / Licensing Specialist

Date Issued



11/18/2024

**SIGNATURE** - Certified Operator or Designee / Licensee or Designee

Date Signed

*Leighton Cook*

1/2/2025