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| 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.

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| Name - Certified Operator / Licensed Center Mps - Camp Humboldt | | Provider Number / Facility ID Number 2000563892 / 084 - 2100184 | | |
| Address - Facility (Street, City, State, Zip Code) 3230 S Adams Ave Milwaukee, WI 53207-2706 | | Telephone Number 414-874-8400 | 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: A parent has identified on the Health History and Emergency Care Plan 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 and when to consider that the condition requires emergency medical care or reassessment. | Camp director will obtain all required information for registered participants and update the respective student files. | 1/24/2025 | |
| 2 | 251.05(3)(c) Cardiopulmonary Resuscitation Training Description: All employees have not obtained and maintained a current certificate of completion for Child CPR with AED. Staff A reports her certificate expired in February 2024. She also reports that Staff B, who has been employed by the program for approximately one year, failed to obtain the required CPR training. | Camp director will ensure all staff get CPR certified before summer 2025. | 1/24/2025 | |

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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

1/6/2025