

Date Correction Plan Due 6/4/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	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 Bryant		Provider Number / Facility ID Number 2000563892 / 099 - 2100171		
Address - Facility (Street, City, State, Zip Code) 8718 W Thurston Ave Milwaukee, WI 53225-2829		Telephone Number 414-267-1831	Date - Regulation Visit 5/16/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. <b>Child Record - Health History</b> Description: Health history information was incomplete for child 4 when additional information required when a child has an identified allergy was not included.	Action Taken: The camp director will meet with parent/guardian to obtain the additional allergy information to complete the Health History form for child 4.  Preventive Action Taken: Director will utilize the child file checklist to ensure all required documents are included and complete	5/28/2025	
2	251.07(5)(a)10. <b>Sharing Information About Food &amp; Other Allergies</b> Description: Information regarding a child's allergies was not shared with staff.	Action Taken: The camp director will provide each staff with a copy of the allergies list.  Preventive Action Taken:  The camp director will create an allergies list to review and share with the camp staff members, and update the list when necessary.	5/23/2025	

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**NAME** - Certification Worker / Licensing Specialist

Date Issued



5/20/2025

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

Date Signed

*Leighton Cook*

6/3/2025