

<b>Date Correction Plan Due</b> 4/17/2025	<b>NONCOMPLIANCE STATEMENT AND CORRECTION PLAN</b>	<b>TO FILE A COMPLAINT CALL</b>
--	--	---------------------------------

**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 Maryland		<b>Provider Number / Facility ID Number</b> 2000563892 / 058 - 2100207		
<b>Address - Facility (Street, City, State, Zip Code)</b> 2418 N Maryland Ave Milwaukee, WI 53211-4438		<b>Telephone Number</b> 414-934-4700	<b>Date - Regulation Visit</b> 4/1/2025	
	<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: Child 5's health history information documented a medical condition, but did not include additional information regarding triggers that may cause a problem, signs or symptoms to watch for, steps a worker should follow, when to call a parent, and instructions to help symptoms.	Director will collect required paperwork from parent/guardian.	5/30/2025	5/30/2025
2	251.04(6)(a)6m. <b>Child Record - Immunization History</b> Description: Child 1 did not have documentation of immunizations on file.	Staff will ensure that children immunization records are included in child member files.	5/30/2025	5/30/2025

Name - Certified Operator / Licensed Center Mps - Camp Maryland		Provider Number / Facility ID Number 2000563892 / 058 - 2100207		
Address - Facility (Street, City, State, Zip Code) 2418 N Maryland Ave Milwaukee, WI 53211-4438		Telephone Number 414-934-4700	Date - Regulation Visit 4/1/2025	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.05(3)(c) <b>Cardiopulmonary Resuscitation Training</b> Description: Staff B and D did not have documentation of current CPR training on file.	Staff records will be stored in a way that they can be accessed by DCF. Staff will ensure a copy of their CPR certificate is included in their staff records.	5/30/2025	5/30/2025
4	251.05(3)(cm) <b>Child Abuse &amp; Neglect - Biennial Training</b> Description: Staff A did not have documentation on file of current training in child abuse & neglect laws, identification, and reporting.	Child Abuse and Neglect will be completed and documented in staff file.	5/30/2025	5/30/2025

NAME - Certification Worker / Licensing Specialist

Date Issued



4/2/2025

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

*Joshua Coon*

6/3/2025