

Date Correction Plan Due	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		Provider Number / Facility ID Number		
Mps - Camp Hawthorne		2000563892 / 052 - 1014738		
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit	
6945 N 41St St Milwaukee, WI 53209-2204		414-935-1358	4/29/2026	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6m. Child Record - Immunization History Description: Children 3 and 5 did not have immunizations available for review.	May 12, 2026 the camp director will obtain immunization records for child 3 and 5 and place in the student's files for review. The camp director/assistant directors will review all participant registration for completion prior to	5/18/2026	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A, C, and E's CPR was expired. Staff B, D, and F did not have documentation of completion of CPR training available for review.	May 12, 2026 the camp director will provide the current staff CPR certificates and place documents in staff A,C, and E's file for review. Staff B,D, and F will complete the CPR training or provide the current CPR certificates and place in each staff file for completion. Preventive Action:	5/25/2026	

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NAME - Certification Worker / Licensing Specialist

Cindy Matuszak

Date Issued

5/1/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

5/22/2026