Date Correction Plan Due	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
8/26/2026		

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 - Carson Academy CLC	2000563892 / 072 - 2100195

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4920 W Capitol Dr Milwaukee, WI 53216-2321	414-902-6200	7/27/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)6. **Child Record - Health History** Description: The file for Child 2 lacked a complete health history form upon licensing review. The form documented a medical condition, but lacked information pertaining to signs and symptoms, triggers to watch for, staff trained, when to seek medical attention, etc. Repeat Violation: Previously cited on 7/14/2025	Child 2 has completed health history forms. Boys and Girls Clubs of Greater Milwaukee (BGCGM) (Safe Place lead agency partner) Area Director will review the BGCGM policy and procedure for a completed child health history with the School Age Director (Safe Place site coordinator).	9/21/2026	
2	251.04(6)(a)6m. **Child Record - Immunization History** Description: The files for Child 1 and Child 2 lacked documentation of immunization history upon review.	All children will have immunization history on file. Area Director will review BGCGM policy regarding Child Record - immunization history with School Age Director to ensure that the policy and procedure is being implemented.	9/21/2026	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number		
Mps - Carson Academy CLC		2000563892 / 072 - 2100195		
Address - Facility (Street, City, State, Zip Code)		**Telephone Number**	**Date - Regulation Visit**	
4920 W Capitol Dr Milwaukee, WI 53216-2321		414-902-6200	7/27/2026	
	Rule/Statute Number Noncompliance Statement	**Correction Plan**	**Expected Completion Date**	**Verification Date**
3	251.05(3)(b) **Abusive Head Trauma Prevention Training** Description: Upon review, several staff lacked Abusive Head Trauma prevention training at the time of licensing visit.	All staff will have proof of Abusive Head Trauma Prevention Training contained in the staff file. Area Director will ensure that all staff will have proof of certification and/ or schedule training to maintain current certification.	9/21/2026	
4	251.05(3)(c) **Cardiopulmonary Resuscitation Training** Description: The file for Staff B lacked current cardiopulmonary resuscitation training (CPR) upon review. The last documented training expired in January 2025.	Staff will have their CPR certification documented in staff file. Area Director will ensure that all staff will have proof of CPR certification and/ or schedule training to maintain current certification	9/21/2026	
5	251.06(2)(a) **Potential Source Of Harm On Premises** Description: The premise was not free from potential sources of harm at the time of licensing visit. Multiple loose cords were observed throughout the premise, creating a tripping and strangulation hazard.	Loose chords have been removed. BGCGM Area Director has reviewed the BGCGM policy and procedure regarding potential source of harm on premises wit the School Age Director.	9/21/2026	

Name - Certified Operator / Licensed Center	Provider Number / Facility ID Number
Mps - Carson Academy CLC	2000563892 / 072 - 2100195

Address - Facility (Street, City, State, Zip Code)	Telephone Number	Date - Regulation Visit
4920 W Capitol Dr Milwaukee, WI 53216-2321	414-902-6200	7/27/2026

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
6	251.07(6)(dm)3.c. **Medical Log - Medication Administration** Description: Medication dispensed to a child in care was not documented in a medical log book. The documentation should include child's name, medication, dosage, date, time and initials or signature of person administering medication.	Area Director will review the BGCGM policy and procedure regarding Medical Logs with site School Age Director and staff to ensure that medication dispensed is properly documented.	9/21/2026	

NAME - Certification Worker / Licensing Specialist

Kayla Sands

Date Issued

8/11/2026

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

10/13/2026