

Date Correction Plan Due 7/17/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 262-446-7800
--	--	---

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 Camp P.L.A.Y.		Provider Number / Facility ID Number 7000591657 / 001 - 2006855		
Address - Facility (Street, City, State, Zip Code) 2454 W Mckinley Ave Milwaukee WI 532052437		Telephone Number 414-219-9101	Date - Regulation Visit 7/2/2024	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	251.04(6)(a)2. Child Record - Emergency Medical Consent Description: Child #3 did not have authorization for medical treatment in case of emergency.	Child #3's authorization for medical treatment in case of emergency has been obtained. Child Enrollment/Authorizations will be completed according to DCF 251.04(6)(a)2.	July 31, 2024	
2	251.05(3)(c) Cardiopulmonary Resuscitation Training Description: Staff A did not have current training in CPR. Training expired as of March 2024.	Staff A has completed CPR training All staff will complete/renew CPR Training according to DCF 251.05(3)(c)	July 31, 2024	

Name - Certified Operator / Licensed Center		Provider Number / Facility ID Number	
Camp P.L.A.Y.		7000591657 / 001 - 2006855	
Address - Facility (Street, City, State, Zip Code)		Telephone Number	Date - Regulation Visit
2454 W Mckinley Ave Milwaukee WI 532052437		414-219-9101	7/2/2024
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date
3	251.06(2)(d) Access To Materials Potentially Harmful To Children Description: There were cleaning chemicals on low shelves in the area accessible to children. Items were labeled <input type="checkbox"/> Keep out of reach of children <input type="checkbox"/> .	Materials potentially harmful to children will be properly stored in compliance with DCF 251.06(2)(d).	July 31, 2024
			Verification Date

NAME - Agency Worker
Sarah Stormont

Date Issued
7/3/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed