Date Correction Plan Due 7/28/2021

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, 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 Instructions: The Magnetian

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 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 notice of the sanction and / or penalty and your appeal rights.

Nex	the - Certified Operator / Licensed Center STATE OF WISCO	Provid	er Number / Facility ID Nur	nber
Address - Facility (Street, City, State, Zip Code) 2127 W Garfield Ave Mitwaukee WI 532051125 SOUTHEASTERN REGIO		NAL OFFICE 414-921-8108	2000589812 / 001 - 2004574 Telephone Number Date - Regulation Visit 7/13/2021	
	Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
T	252.41(1)(k) License Posted & Visible Description: The license was not posted in an area visible to parents.	Licensed is now posted	7/16/2021	Date
2	252.42(1)(a) Staff File - Maintenance & Availability Description: Staff files were not available for staff B and C.	Staff file are now avoilable on site for all staff	7/16/2021	
3	252.42(1)(a)3. Staff File - Background Check Results Description: Staff A did not have documentation of a completed background check assigned to the camp.	Staff background Check was transferred dung Visit	7/13/2021	

Nan	ne - Certified Operator / Licensed Center	Provider Number / Facility ID Number		
Nex	t Generation Day Camp II LIC	2000589812 / 001 - 2004574		
Address - Facility (Street, City, State, Zip Code) 2127 W Garfield Ave Milwaukee WI 532051125		Telephone Number 414-921-8108	Date - Regulation Visit 7/13/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
4	252.42(1)(a)4. Staff File - Pre-Camp Training Description: The documentation of camp training for staff A was completed in 2020.	Staff current file will be another training dates	7/16/21	
5	252.42(1)(b) Staff Emergency Contact Information At Base Camp Description: Emergency contact information was not available at the camp for staff B or C.	Emergency contact will be added for all state	7/16/21	
6	252.425(1)(h) Camp Director - Present, Accessible, Authorized Delegate Description: The identified camp director was not on the premises when licensing staff arrived, and the counselor at the camp was not designated as being authorized to make decisions for the camp on the delegation of administrative authority.	Delegation of authority will be updated and posted.	7/16/21	
7	252.44(5)(d)1. Menus - Posted & Accessible Description: Menus not posted in an area accessible for parents.	Menus will be accessible to all parents	1/10/27	

Name - Certified Operator / Licensed Center Provi		Provider Number / Facility ID Nur	der Number / Facility ID Number	
Next Generation Day Camp II LIc	2000589812 / 001 - 2004574			
Address - Facility (Stroet, City, State, Zip Code)	Tolophone Number	Dato - Regulation Visit		
2127 W Garfield Ave Milwaukee Wi 532051125	414-921-8108	7/13/2021	•	
Rule/Statute Number	Correction Plan	Expected	Verification	
Noncompliance Statement		Completion Date	Date	
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NAME - Certification Worker / Licensing Specialist				
Cindy Matuszak	Date Issued 7/14/2021			
SIGNATURE - Certified Operator or Designee / Licensee or Designee		Data Scare		
Ishud Wha	Date Signed	> \		
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