

Date Correction Plan Due 5/6/2024	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL
---	--	---------------------------------

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 Deborah A Burnside-Turner	Provider Number / Facility ID Number 3000562523 / 001
---	---

Address - Facility (Street, City, State, Zip Code) 2937 N Sherman Blvd Milwaukee WI 53210	Telephone Number 414-447-6235	Date - Regulation Visit 4/11/2024
---	---	---

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	202.08(12)(f)1-4 Prior To A Child's First Day Of Attendance For Any Child In Care, Obtaining Information On A Form Prescribed By The Department With Enrollment And Health History Information, Including All Of The Following: 1. The Parents' Home And Work Phone Numbers. 2. Health History, Including Information Relating To A Child's Special Health Care Needs And Emergency Care Plan. 3. The Parents' Signed Consent For Emergency Medical Care. 4. A Name And Number To Call If The Child Requires Emergency Medical Care. Description: Child #1, #2 and #3's Enrollment and Health History information form was incomplete on file.	Had each Parent Complet the Form	4-11-24	

Name - Certified Operator / Licensed Center

Deborah A Burnside-Turner

Provider Number / Facility ID

3000562523 / 001

Address - Facility (Street, City, State, Zip Code)
2937 N Sherman Blvd Milwaukee WI 53210

Telephone Number
414-447-6235

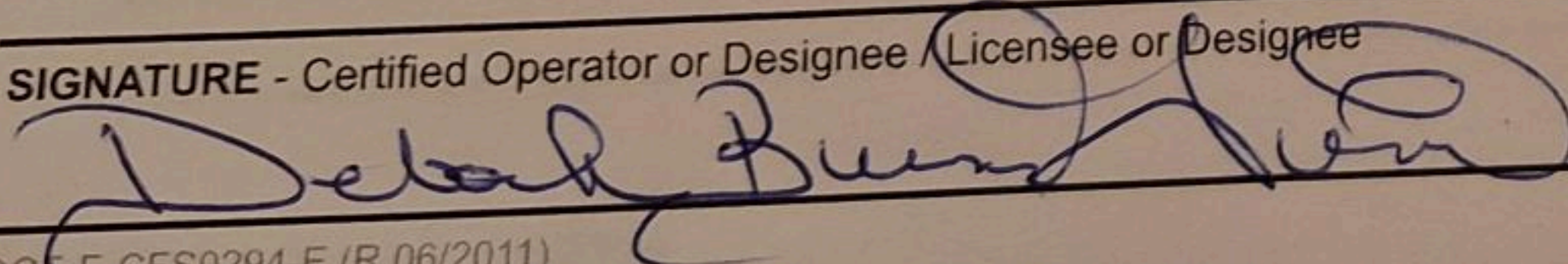
Date - Regulation Visit
4/11/2024

	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
2	<p>202.08(12)(i) The Certified Child Care Operator Shall Be In Ongoing Communication With A Child's Parent Or Ensure That A Substitute Child Care Provider Is In Ongoing Communication With A Child's Parent By Informing The Parent In Writing Whether The Premises And Child Care Business Are Covered By A Child Care Liability Insurance Policy.</p> <p>Description: The operator did not inform the parents of children #3 in writing whether a child care liability insurance policy covers the premises and the child care business.</p>	<p>Had Parent Check the Box that we went over liability insurance. I also had a form in the child file that I have insurance the mother had signed</p>	4-11-24	
3	<p>202.08(4m)(a)1. An Operator Shall Have A Written Plan For Taking Appropriate Action In The Event Of An Emergency Including A Fire; A Tornado; A Flood; Extreme Outdoor Heat Or Cold; A Loss Of Building Service, Including No Heat, Water, Electricity Or Telephone; Human-Caused Events, Such As Threats To The Building Or Its Occupants; Allergic Reactions; Lost Or Missing Children; Vehicle Accidents; A Provider's Family Situation, Such As Medical Emergency Or Illness; Or Other Circumstances Requiring Immediate Attention.</p> <p>Description: The operator did not have a written emergency plan for taking appropriate actions in the event of emergencies.</p>	<p>Im working on getting the emergency plan together now that I have the emergency plan sample</p>	6-11-24	

NAME - Agency Worker
Lou Thao

Date Issued
4/22/2024

SIGNATURE - Certified Operator or Designee / Licensee or Designee



Date Signed

4-24-25