

Date Correction Plan Due 11/29/2024	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 202.085, DCF 250.04(2)(j) and (3)(d), DCF 251.04(2)(L) and (3)(I), 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 11/14/2024
Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1 202.08(4)(a)1. For Each Child Under 2 Years Of Age, A Report Of A Physical Examination Conducted Not More Than 6 Months Prior To Nor Later Than 3 Months After The Child Is Admitted, And A Follow-Up Health Examination At Least Once Every 6 Months Thereafter. Description: Child #2 did not have an updated health report on file.	Talked to mom and she said she would get her a dr appointment asap	15 day	

NAME - Agency Worker Lor Thon	Date Issued 11/15/2024
	Date Signed 11/20/24
SIGNATURE - Certified Operator or Designee, Licensee or Designee	